

# Claims Examining for the Energy Project Basic Course -- Resource Book

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# *EEOICPA*

# *Resource Book*

# Training for Claims Examiners

## **E**NERGY **E**MPLOYEES **O**CCUPATIONAL **I**LLNESS **C**OMPENSATION **P**ROGRAM **A**CT

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## INTRODUCTION AND INSTRUCTIONS

You have been hired as a Claims Examiner to manage claims filed under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). To help you gain the skills and knowledge necessary to perform your new job, this course was designed to give you techniques and practice in processing and managing these claims.

This Resource Book is one of several books you will use in this course. It contains factual information that will give you

- ♦ an overview of claims examining, and
- ♦ resource guidance for some of the basic examining tasks you will be performing on the job.

You will be using both this Resource Book and a Task Book. In general, the course will ask you to:

- ♦ Read certain pages in the resource book.
- ♦ Do specific tasks in the workbook.
- ♦ Check your answers against those given on answer sheets.

To get the most from this training, you should follow the directions precisely. Skipping steps, failing to read the resource book, or checking answers before (or instead of) writing your own answers to a given task will hinder your learning.

Also remember to **write the answers to all tasks in your workbook.**

## The Job of a Claims Examiner:

Your job begins when you receive a claim from an individual who says he or she is ill as a result of exposure to radiation, beryllium, or silica while working for the Department of Energy (DOE), a DOE contractor, subcontractor, atomic weapons employer, or beryllium vendor. You can also receive claim forms from the survivors of employees who died as a result of their illnesses.

Your job will be to review the medical and employment documentation submitted, decide whether it meets the requirements of the law, and recommend accepting or denying the case. Deciding this is called **adjudicating** the claim. You must adjudicate cases solely on the basis of the **evidence** in the case. Your role is to be an impartial and objective adjudicator. This training will address further issues around evaluating evidence objectively later on.

If the evidence submitted with the claim shows that the requirements are met, your adjudication decision is to **accept** the claim. If the evidence clearly shows that the claim fails to meet the requirements your adjudication decision should be to **deny** the claim. However, you will very rarely have sufficient information to deny a claim the first time that you review it. It is far more likely that you will need to **develop** the case before you can adjudicate it.

**Developing** a case means requesting more evidence about any of the requirements that are in question. Under the EEOICPA, a claimant has the "burden of proof" for submitting the evidence to establish that a claim meets the requirements. You have the obligation to assist the claimant in getting the necessary information. You generally request the additional evidence from the claimant. However, you can also obtain evidence from other sources like a claimant's treating physician. You usually do this by writing a **development letter**. Later on in this course, you will learn what kind of adjudication information you need to request from whom.

In addition, you may need to get additional information from other Federal agencies, including the Department of Energy, Department of Health and Human Services, and Department of Justice. You will learn more about these requests during the training.

Once you make the adjudication decision in a case, whether this happens after your first review of a primary case or after you receive the additional evidence, you need to take certain actions based on your adjudication decision.

Whether you decide to accept or deny a case you need to write a **Recommended Decision** that includes a **finding of fact**, which explains your decision to the claimant. A finding of fact is the basis of a recommended decision and states the finding of the Claims Examiner in regard to medical and employment facts. The claimant can either challenge or accept the recommended decision.

**Managing Individual Cases:**

Authorizing lump sum payments and authorizing medical benefits are two of the actions you need to take in accepted cases. In addition, you need to **manage** accepted cases by taking timely and correct action to ensure that:

1. all payments due the claimant are provided promptly, and
2. the claimant DOES NOT receive benefits to which he or she is not entitled.

Techniques for case management will be described later in your training. Briefly, however, case management includes the following actions:

- ◆ Getting additional medical evidence when appropriate and evaluating the strength of that evidence, and
- ◆ Getting additional employment evidence when appropriate and evaluating the strength of that evidence, and
- ◆ Planning and controlling future actions through use of the computer system to track changes and developments in the case.

**Providing Customer Service:**

In the adjudication and management of claims you will be responding to telephone calls and written inquiries from claimants, congressional representatives or other interested parties.

It is expected that all DOL employees will treat claimants who call, write or visit with respect and courtesy. Phone calls are to be treated seriously and handled skillfully. This is especially important since many of the claimants may be sick and/or grieving.

Using the resources available to you in your District Office, and following OWCP procedures, you will handle all types of incoming and outgoing telephone calls. In doing so, you must effectively greet the individual, listen, identify the individual's needs, provide accurate, courteous, and timely information, solve any problems, and close the call.

As necessary, you must be able to place a caller on hold, transfer a call, and terminate a call for a valid reason. All of this must be done in a non-defensive manner.

The bulleted items below are things claims examiners in other OWCP programs wish they were better at on a regular basis

- Be able to "get on" and "get off" a call
- Not get drawn into lengthy discussions of the caller's past problems
- Follow through with promises
- Effectively handle emotional callers
- Be cordial and helpful without inviting extended histories, complaining, and venting
- Handle and deflect complaints about other examiners

Experience to date with the Call Center (that responds to questions about the program) is that claimants want to "tell their story." They have been waiting a long time for this program.

There is a "Telephone Skills" training course designed especially for claims examiners in OWCP that addresses the above points. If you have not already taken this course, you will take it at a later time.

## REVIEWING CLAIMS

In order to adjudicate (or decide) a claim, you must first determine whether it includes items necessary to establish the illness being claimed.

Each illness being claimed has very specific requirements.

The step-by-step guidelines (process steps) and the follow-up checklists in this section will assist you in adjudicating claims for each specific illness under EEOICPA.



## BERYLLIUM SENSITIVITY

### Introduction to Beryllium Sensitivity

Beryllium is a strong, lightweight metal that has been used in the atomic weapon manufacturing process. While the dangers of working with beryllium were initially unknown, eventually it was discovered that inhalation of beryllium dust, particles or vapor could have serious health consequences. Most people who are exposed to beryllium will not develop a medical problem. However certain individuals develop a condition called beryllium sensitivity. When a person develops beryllium sensitivity, their body produces immunological response to the material in the body. Generally beryllium sensitivity does not produce any active physiological symptomology; however, a person sensitized to beryllium is at significant risk of developing chronic beryllium disease. A single exposure is sufficient to sensitize a person to beryllium. Several different types of skin and blood tests have been developed to determine if a person is sensitized to beryllium. The beryllium lymphocyte proliferation test (BeLPT) is the most effective diagnostic test for beryllium sensitivity.

The next pages show the steps for processing beryllium sensitivity claims.

<b>Claims for Beryllium Sensitivity</b>		
<b>Steps</b>	<b>Outcomes</b>	<b>Notes</b>
4. Verify that the medical documentation supports a diagnosis of beryllium sensitivity.	<p>If there is a diagnosis for beryllium sensitivity, go to Step 5.</p> <p>If the diagnosis is not clear, indicate this on the “follow-up” beryllium sensitivity checklist.</p> <p>If there is a fully rationalized diagnosis other than beryllium sensitivity or another EEOICPA illness, go to Step 11.</p>	<p>For more information on reading narrative medical reports and supporting information, see page 77 of the Resource Book.</p> <p>If “other lung condition” and “beryllium vendor” is checked on the EE-1 <b>but</b> there is not a diagnosis for beryllium sensitivity inform the employee that that he or she may consider being tested for the condition (i.e., having an LPT.)</p>

Claims for Beryllium Sensitivity		
Steps	Outcomes	Notes
6. Request that DOE verify employment information.	<p>If DOE confirms that the employment information is accurate and complete, go to Step 8.</p> <p>If DOE confirms that the employment history is accurate <b>and</b> provides additional information about the employee's employment history, go to Step 8.</p> <p>If DOE informs you the employment information is <b>not</b> accurate and provides you with information explaining their position, go to Step 7.</p> <p>If DOE has no employment information regarding the employee, go to Step 7.</p>	<p>Send DOE the employee's completed EE-3 (or equivalent) and an EE-5.</p> <p>If the claim originated at a Resource Center, DOE may already have the employee's EE-3 and EE-5 on file.</p>

Claims for Beryllium Sensitivity		
Steps	Outcomes	Notes
8. Review the "follow-up beryllium sensitivity checklist" and request additional medical and/or employment information, if necessary.	<p>If you request additional information from the claimant or other concerned parties, send a Development letter, allowing 30 days for a response and go to Step 9.</p> <p>If you do not need to request information from the claimant or other concerned parties, go to Step 9.</p>	<p>It is the claimant's ultimate responsibility to provide the medical and employment information needed to process the claim. However, you can obtain information from other informed sources. For example, if the employee's diagnosis is not clear, you may request more information from the employee's physician by letter.</p> <p>For more information on requesting information on a claim, see page 99 of the Resource Book.</p> <p>The claimant and others are given 30 days from the date of inquiry to respond to the request for information. If the information is not received, the claim is "flagged" and the claimant is notified that he or she has been given a 30-day extension.</p>
9. Perform a final assessment of the medical and employment evidence supporting the claim.	<p>If you have evidence to recommend accepting the claim, go to Step 10.</p> <p>If you have evidence to recommend denying the claim, go to Step 11.</p>	This is your last opportunity to review all the evidence supporting the claim.

## Follow-up for Beryllium Sensitivity:

### Does Claim Include Items Necessary to Establish Illness?

**Directions:** Use this checklist as a guide for requesting additional information to help you decide how to adjudicate beryllium sensitivity claims. For each "no" answer, you will need to request additional information, as shown.

Yes	No	Item	If "No," Ask:	And send a copy of form:
<input type="checkbox"/>	<input type="checkbox"/>	Are medical records included?	Claimant to provide medical records including diagnosis.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there a copy of LPT included in the medical records?	Diagnosing physician (or claimant) to send an LPT test.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is LPT test positive?	Physician (or claimant) to explain how a diagnosis of beryllium sensitivity was made without a positive LPT.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there a diagnosis of beryllium sensitivity?	Diagnosing physician (or claimant) to provide a fully rationalized diagnosis of beryllium sensitivity.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there an EE-3 or other kinds of comparable employment information for the employee?	Claimant to provide a completed EE-3 or other comparable employment information.	EE-3 (if not previously completed)

## CHRONIC BERYLLIUM DISEASE

### Introduction to Chronic Beryllium Disease

Once a person has been sensitized to beryllium, they have the potential to develop a much more serious medical condition called chronic beryllium disease (CBD). In some situations, the onset of CBD can be as long as 40 years after the initial exposure to beryllium. Essentially the disease impedes the ability of the lungs to process oxygen. Cells in the lung surround beryllium particles causing the development of granulomas or nodules. As more and more of these granulomas form, the lung function deteriorates. Symptoms associated with the disease include cough, shortness of breath, fatigue, fevers and night sweats. Imaging studies, pulmonary function studies or biopsies can confirm existence of the disease. Treatment includes a variety of anti-inflammatory medications including prednisone or dexamethasone. Advanced chronic beryllium disease can be terminal.


The beryllium lymphocyte proliferation test (BeLPT) has a high predictive value for beryllium disease. It is also the most definitive means of ruling out beryllium disease as the cause of non-specific lung and other symptoms.

The following pages describe the steps for processing a claim for CBD.

Claims for Chronic Beryllium Disease (CBD)		
Steps	Outcomes	Notes
3. If the date of the diagnosis is <b>on or after January 1, 1993</b> , check to see if the correct medical tests were performed.	<p>If the claim includes an LPT <b>and</b> one or more of the following:</p> <ul style="list-style-type: none"> <li>• Lung biopsy showing granulomas or a lymphocytic process consistent with chronic beryllium disease</li> <li>• A computerized axial tomography (CAT) scan showing changes consistent with chronic beryllium disease</li> <li>• A pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with chronic beryllium disease,</li> </ul> <p><b>Then</b> go to Step 5.</p> <p>If the medical documentation does not include an LPT and one or more of the above tests, then indicate this on the "follow-up" CBD checklist.</p>	<p>The list of required medical documents appears on the EE-7 form under "Requirements for a Diagnosis of Chronic Beryllium Disease."</p> <p>If "other lung condition" and "beryllium vendor" are checked on the EE-1 or EE-2 <b>but</b> CBD was not diagnosed, request additional medical information from a licensed physician (MD).</p>

Claims for Chronic Beryllium Disease (CBD)		
Steps	Outcomes	Notes
5. Verify that the medical documentation supports a diagnosis of CBD.	<p>If the medical documentation shows a diagnosis of CBD, go to Step 6.</p> <p>If the diagnosis is not clear, indicate this on the “follow-up” CBD checklist and go to Step 6.</p> <p>If there is a fully rationalized diagnosis other than CBD or another EEOICPA illness, go to Step 12.</p> <p>If the LPT is positive but the other tests for CBD are negative, follow the steps for beryllium sensitivity on page 12 of the Resource Book.</p>	<p>The tests performed before January 1, 1993 are indicative of CBD but may not specifically diagnose the disease. Therefore, you will need the interpretation of the test results by a qualified licensed physician (MD).</p> <p>For more information on reading narrative reports and supporting information, see page 77 of the Resource Book.</p>



Claims for Chronic Beryllium Disease (CBD)		
Steps	Outcomes	Notes
	<p><b>Regulation Alert:</b></p> <p>EEOICPA regulations state that an employee is eligible for benefits if he or she was employed or present at a:</p> <ul style="list-style-type: none"> <li>• DOE facility <b>or</b> a</li> <li>• Facility owned and operated by beryllium vendor, or a contractor or subcontractor of the DOE and was present when beryllium dust, particles, or vapor may have been present at such a facility.</li> </ul> <p>For chronic beryllium disease claims, EEOICPA does not specify a number of days that an employee must have worked at a DOE facility or for a beryllium vendor. A single exposure is sufficient.</p> <p>This also applies to any civil officer or employee in any branch of the government who was present at a site where beryllium may have been present at one of the facilities described above.</p>	
	<p>7. Request that DOE verify employment information.</p>	<p>If DOE confirms that the employment information is accurate and complete, go to Step 9.</p> <p>If DOE confirms that the employment history is accurate <b>and</b> provides additional information about the employee's employment history, go to Step 9.</p> <p>If DOE informs you the employment information is <b>not</b> accurate and provides you with information explaining their position, go to Step 8.</p> <p>If DOE has no employment information regarding the employee, go to Step 8.</p>

<b>Claims for Chronic Beryllium Disease (CBD)</b>		
<b>Steps</b>	<b>Outcomes</b>	<b>Notes</b>
9. Review the follow-up CBD checklist and request additional medical and/or employment information, if necessary.	<p>If you request additional information from the claimant or other concerned parties, send a Development letter, allowing 30 days for a response, and go to Step 10.</p> <p>If you do not need to request information from the claimant or other concerned parties, go to Step 10.</p>	<p>It is the claimant's ultimate responsibility to provide the medical and employment information needed to process the claim. However, you can obtain information from other informed sources. For example, if the employee's diagnosis is not clear, you may request more information from the employee's physician by letter.</p> <p>For more information on requesting information on a claim, see page 99 of the Resource Book.</p> <p>The claimant and others are given 30 days from the date of inquiry to respond to the request for information. If the information is not received, the claim is "flagged" and the claimant is notified that he or she has been given a 30-day extension.</p>
10. Perform a final assessment of the medical and employment evidence supporting the claim.	<p>If you have evidence to recommend accepting the claim, go to Step 11.</p> <p>If you have evidence to recommend denying the claim, go to Step 12.</p>	<p>This is your last opportunity to review all the evidence supporting the claim.</p>

## Follow-up for Chronic Beryllium Disease (CBD)

### Does Claim Include Items Necessary to Establish Illness?

**Directions:** Use this checklist as a guide for requesting additional information to help you decide how to adjudicate chronic beryllium disease claims. For each "no" answer, you will need to request additional information, as shown.


Yes	No	Item	If "No," Ask:	And send a copy of form:
<input type="checkbox"/>	<input type="checkbox"/>	Are medical records included?	Claimant to provide medical records including diagnosis.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	If the date of diagnosis <b>on or after January 1, 1993</b> , is there an LPT in the medical records and 1 or more of following tests? -- Lung biopsy -- CAT scan -- Pulmonary function study or exercise tolerance test	Physician (or claimant) to send 1 or more of the missing tests showing positive results for CBD.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	If date of initial diagnosis is <b>before January 1, 1993</b> , are there at least 3 or more tests in the medical report? -- X-ray or CAT scan -- Restrictive/obstructive lung physiology or diffusion test -- CBD lung pathology -- Clinical course consistent with chronic respiratory disease -- Immunologic tests showing beryllium sensitivity	Physician (or claimant) to send 3 or more tests showing positive results for CBD.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there a diagnosis of CBD?	Diagnosing physician (or claimant) to provide a fully rationalized diagnosis of CBD.	EE-7

## SILICOSIS

### Introduction to Silicosis

Silicosis is a respiratory disease of the lungs that results from the inhalation of airborne crystalline silica dust. The dust contains silica particles that can, over time, cause scar tissue formations in the lungs. When workers inhale silica, the lung cells and tissue gradually develop nodules (a clump or cluster of cells) around the trapped silica particles. If the nodules continue to grow, at some point the respiratory functions of the lungs deteriorate. This can cause shortness of breath, cough, fatigue and other symptoms. Silicosis also makes an individual susceptible to infection. Silicosis is treated much like CBD with the use of anti-inflammatory medications.

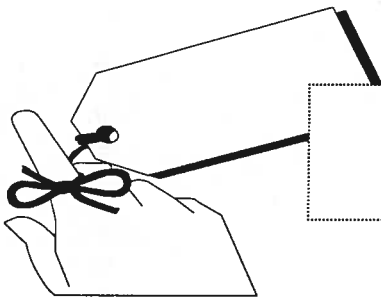
The next pages show the steps for processing silicosis claims.

Claims for Silicosis		
Steps	Outcomes	Notes
3. Verify that the medical documentation supports a diagnosis of chronic silicosis.	<p>If the medical documentation shows a diagnosis of silicosis, go to Step 4.</p> <p>If the diagnosis is not clear, indicate this on the “follow-up” silicosis checklist and go to Step 4.</p> <p>If there is a fully rationalized diagnosis other than silicosis or another EEOICPA illness, go to Step 10.</p>	<p>Claimants must show a 10-year latency period for silicosis (i.e., a 10 year period between exposure to silica and the diagnosis of chronic silicosis.)</p> <p>If the diagnosis of chronic <i>fibrosis</i> appears in the physician’s report, then ask for a clarification from the claimant and/or a licensed physician (MD).</p> <p>For more information on reading narrative medical reports and supporting information, see page 77 of the Resource Book.</p>
<div style="display: flex; align-items: flex-start;">  <div> <p><b>Regulation Alert:</b></p> <p>EEOICPA regulations state that, “The employee is a DOE employee or a DOE contractor employee, who was present for a number of work days aggregating at least 250 work days during the mining of tunnels at a DOE facility located in Nevada or Alaska for tests or experiments related to atomic weapons; and has been diagnosed with chronic silicosis.” (§30.215a)</p> </div> </div>		

Claims for Silicosis		
Steps	Outcomes	Notes
6. Determine if additional information is needed to support employee's employment/presence at a DOE facility.	If additional employment information is needed, indicate this on the "follow-up" silicosis checklist and go to Step 7.	<p>To provide proof of employment, claimants may provide any trustworthy "contemporaneous records" such as:</p> <ul style="list-style-type: none"> <li>• Records created by any government agency, by any regular business activity</li> <li>• Time and attendance forms</li> <li>• Minutes from a meeting that lists the participants at a meeting</li> <li>• Punch card</li> <li>• Wage statements</li> <li>• Sign in and sign out forms from logbooks, etc.</li> <li>• Security clearance</li> </ul> <p>You must have sufficient written documentation that the employee worked during the mining of tunnels at a either DOE facility in Nevada or Alaska for a combined total of 250 workdays. For example, the employee could have at the Nevada site for 50 days and the Alaska site for 200 days.</p> <p>Employment history affidavits (EE-4) may be used <b>if</b> written employment records are not available.</p> <p>For more information on requesting information on a claim, see page 99 of the Resource Book.</p>

Claims for Silicosis		
Steps	Outcomes	Notes
9. Recommend acceptance of the chronic silicosis claim.	If you are recommending that the claim be accepted, send a letter notifying the claimant that a recommended decision has been made.	Forward your recommendations to FAB.  The claimant may waive his or her right to a review of the written record or a hearing.
10. Recommend denial of the chronic silicosis claim.	If you are recommending that the claim be denied, send a letter notifying the claimant that a recommended decision has been made.	Forward your recommendations to FAB.  The claimant will have 60 days to challenge the recommended decision by requesting a hearing or a review of the written record by FAB.

Yes	No	Item	If "No," Ask:	And send a copy of form:
<input type="checkbox"/>	<input type="checkbox"/>	Did the DOE confirm the employment information (i.e., employment/presence at DOE sites in Nevada or Alaska for at least 250 workdays)?	Claimant (or past employer) to provide additional written employment records such as personnel records, pay stubs, etc.  Claimant to provide employment history affidavits if written records are not available.	EE-5



**Reminder:** The claimant has the ultimate responsibility to provide evidence supporting his or her claim.



## CANCER (non-SEC)

### Introduction to Cancer Cases

Under the Energy program, any type of diagnosed cancer is potentially covered. In order to establish eligibility to benefits under the program, a determination must be made in regards to whether or not a diagnosed cancer is causally related to radiation exposure during covered periods of employment. The first step in this process is determining the presence of a diagnosed cancer. Second, it is necessary to determine all the periods of covered employment where the employee was potentially exposed to radiation. Third, the Department of Health and Human Services must review the case in order to make a determination concerning the amount of radiation the worker was exposed to during the course of his or her employment. This process is called a dose reconstruction. Finally, the Department of Labor uses the dose reconstruction to determine the probability that the diagnosed cancer was as likely as not (50% or greater) to have been caused by radiation exposure on the job.

The next pages show the steps for non SEC cancer claims.

Claims for Cancer (Non-SEC)		
Steps	Outcomes	Notes
3. Verify that the medical documentation supports a diagnosis of cancer.	<p>If the medical documentation shows a diagnosis of cancer, go to Step 4.</p> <p>If the diagnosis is not clear, indicate this on the "follow-up" cancer checklist and go to Step 4.</p>	For more information on reading narrative medical reports and supporting information, see page 77 of the Resource Book.
4. Identify if the "Department of Energy Facility" or "Atomic Weapons" was checked as the employment classification on the EE-1 or the EE-2 form.	<p>If one of these boxes was checked, look at the EE-3 form to see where the employee worked.</p> <p>Using the DOE list, verify that the facility is listed as a place where radioactive materials were used. Then go to Step 5.</p>	<p>The Department of Energy (DOE) has produced a list of facilities where radioactive and beryllium materials were used. The list is arranged alphabetically by state and facility.</p> <p>See page 147 of the Resource Book.</p> <p>If the employee did not supply the EE-3 or other kinds of employment records with the initial claim, you will need to contact the claimant so that he or she can complete form EE-3 before you proceed to Step 5.</p>

<b>Claims for Cancer (Non-SEC)</b>		
<b>Steps</b>	<b>Outcomes</b>	<b>Notes</b>
6. Determine if additional information is needed to support employee's employment/presence at a DOE facility or an Atomic Weapons Facility.	If additional employment information is needed, indicate this on the "follow-up" cancer checklist and go to Step 7.	<p>To provide proof of employment, claimants may provide any trustworthy "contemporaneous records" such as:</p> <ul style="list-style-type: none"> <li>• Records created by any government agency, by any regular business activity</li> <li>• Time and attendance forms</li> <li>• Minutes from a meeting that lists the participants at a meeting</li> <li>• Punch card</li> <li>• Wage statements</li> <li>• Sign in and sign out forms from logbooks, etc.</li> <li>• Security clearance</li> </ul> <p>Employment history affidavits (EE-4) may be used <b>if</b> written employment records are not available.</p> <p>For more information on requesting information on a claim, see page 99 of the Resource Book.</p>

Claims for Cancer (Non-SEC)		
Steps	Outcomes	Notes
9. Forward the claimant's application package to NIOSH for dose reconstruction.	When the claimant's package (including all relevant medical and employment information) is forwarded to NIOSH, hold the claim.	The package should include the entire case file, including all evidence, findings of fact, and forms.  Notify the claimant that their package has been forwarded to NIOSH.
10. Resume claim adjudication.	When the NIOSH completes the dose reconstruction, you will receive notification from HHS. Then go to Step 11.	NIOSH will also notify the claimant that the dose reconstruction has been completed.
11. Apply algorithm to the dose reconstruction.	<p>If the algorithm shows a cancer was "at least as likely as not (50% or greater) related to the employment at the DOE facility or atomic weapons employer facility", go to Step 12 and recommend acceptance of the claim.</p> <p>If the algorithm shows a cancer was less likely than 50% to be related to employment at the DOE facility or atomic weapons employer facility, go to Step 13 and recommend denial of the claim.</p>	This step will be accomplished using a process TBD.
<i>Go to either Step 12 or to Step 13</i>		
12. Recommend acceptance of the cancer claim.	If you are recommending that the claim be accepted, send a letter notifying the claimant that a recommended decision has been made.	<p>Forward your recommendations to FAB.</p> <p>The claimant may waive his or her right to a review of the written record or a hearing.</p>

### Follow-up for Cancer (Non-SEC) Claims: Does Claim Include Items Necessary to Establish Illness?

**Directions:** Use this checklist as a guide for requesting additional information to help you decide how to adjudicate a cancer claim. For each "no" answer, you will need to request additional information, as shown.

Yes	No	Item	If "No," Ask:	And send a copy of form:
<input type="checkbox"/>	<input type="checkbox"/>	Are medical records included?	Claimant to provide medical records including diagnosis.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Are the following provided with the claim? – A medical report with the diagnosis of cancer and the date of diagnosis – A pathology report that forms the basis for diagnosis	Diagnosing physician (or claimant) to send the missing complete medical reports.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there an EE-3 or other kinds of comparable employment information for the employee?	Claimant to provide a completed EE-3 or other comparable employment information.	EE-3 (if not previously completed)
<input type="checkbox"/>	<input type="checkbox"/>	Did the DOE confirm the employment information?	Claimant (or past employer) to provide additional written employment records such as personnel records, pay stubs, etc.  Claimant to provide employment history affidavits if written records are not available.	EE-5

## SEC CANCER

### Introduction to Special Exposure Cohort

The statute provides for the Department of Labor to forgo the dose reconstruction process for certain individuals who have been diagnosed with particular cancers and worked at certain locations. Individuals who meet the medical and employment criteria for inclusion in the Special Exposure Cohort do not have to have their cases sent to the Department of Health and Human Services for a dose reconstruction. Rather, there is a presumption of causation between the employment and diagnosed cancer.

The SEC locations include:

1. Paducah, Kentucky,
2. Portsmouth Ohio,
3. Oak Ridge, Tennessee, and
4. Amchitka Island, Alaska

Oak Ridge, Tennessee: The trick for the Claims Examiner is to identify SEC vs. non-SEC types of cancer. When you see Oak Ridge, TN, ask: "Did they work at a gaseous diffusion plant?" The facilities at Oak Ridge are extremely large and sprawling. There are communities of buildings. A gaseous diffusion plant is just one type of facility among lots of other activities going on in the community.

Portsmouth Ohio is smaller—there is just the gaseous diffusion plant.

Amchitka Island, Alaska was the site of nuclear testing where workers may have been exposed to radiation. Long Shot, Milrow, and Cannikin were the names of experiments that were conducted there.

If a claimant fails to meet the SEC medical criteria, but meets the employment criteria, then s/he must go through the regular dose reconstruction process for a non-SEC cancer.

The next pages show the steps for SEC cancer claims. Charts identifying the specified cancers and employment conditions follow them.

Claims for Cancer (Special Exposure Cohort Employment – SEC)		
Steps	Outcome	Notes
3. Check to see if claim includes the required medical reports for a diagnosed cancer.	<p>If the medical reports include:</p> <ul style="list-style-type: none"> <li>• A diagnosis of cancer with the date of diagnosis.</li> <li>• A pathology report that forms the basis for diagnosis,</li> </ul> <p><b>Then</b> go to Step 4.</p> <p>If the medical reports do not include those listed, then indicate this on the “follow-up” SEC cancer checklist.</p>	<p>The list of required medical reports appears on the EE-7 form under “Requirements for a Diagnosed Cancer.”</p> <p>If the employee is long deceased, you may need to be flexible about requiring a pathology report.</p>
4. Verify that the medical documentation supports a diagnosis of a “specified” cancer.	<p>If the medical documentation shows a diagnosis of cancer, go to Step 5.</p> <p>If the diagnosis is not clear, indicate this on the “follow-up” SEC cancer checklist and go to Step 5.</p> <p>If there is a fully rationalized diagnosis for other than SEC cancer or another EEOICPA illness, go to Step 12.</p>	<p>For more information on reading narrative medical reports and supporting information, see page 77 of the Resource Book.</p>

Claims for Cancer (Special Exposure Cohort Employment – SEC)		
Steps	Outcome	Notes
6. Check to see if employee wore dosimetry badge or worked in a job that was comparable to a job that was monitored through the use of a dosimetry badge.	If the employee was employed at <b>any</b> job at a gaseous diffusion plant, go to Step 7.	Regulations state that a job was monitored through the use of a dosimetry badge for exposure to radiation or that the job was not badged, but had a comparable exposure.  At this time the policy of OWCP is to accept any job at a gaseous diffusion plant as a job that wore a dosimetry badge.



Claims for Cancer (Special Exposure Cohort Employment – SEC)		
Steps	Outcome	Notes
8. Determine if additional information is needed to support employee's employment/presence at an approved site for at least 250 workdays.	If additional employment information is needed, indicate this on the "follow-up" SEC cancer checklist and go to Step 9.	<p>To provide proof of employment, claimants may provide any trustworthy "contemporaneous records" such as:</p> <ul style="list-style-type: none"> <li>• Records created by any government agency, by any regular business activity</li> <li>• Time and attendance forms</li> <li>• Minutes from a meeting that lists the participants at a meeting</li> <li>• Punch card</li> <li>• Wage statements</li> <li>• Sign in and sign out forms from logbooks, etc.</li> <li>• Security clearance</li> </ul> <p>The employee must have worked a total of 250 workdays across all SEC designated sites. For example, the employee could have worked at Paducah, Kentucky for 25 days, and at Oak Ridge, Tennessee for 225 days.</p> <p>Employment history affidavits (EE-4) may be used <b>if</b> written employment records are not available.</p> <p>For more information on requesting information on a claim, see page 99 of the Resource Book.</p>

<b>Claims for Cancer (Special Exposure Cohort Employment – SEC)</b>		
<b>Steps</b>	<b>Outcome</b>	<b>Notes</b>
10. Perform a final assessment of the medical and employment evidence supporting the claim.	<p>If you have evidence to recommend accepting the claim (i.e., the claim meets SEC medical and employment conditions), go to Step 14.</p> <p>If you have evidence to recommend denying the claim (i.e., the employee has not worked at either an SEC or non SEC cancer-covered site), go to Step 15.</p> <p>If the medical evidence does not support cancer, go to step 15.</p> <p>If the employee is found to have a non-SEC specified cancer, go to Step 11.</p> <p>If the employee worked less than 250 days at an approved site, go to step 11.</p>	This is your last opportunity to review all the evidence supporting the claim.
11. Forward the claimant's application package to NIOSH for dose reconstruction.	When the claimant's package (including all relevant medical and employment information) is forwarded to NIOSH, hold the claim.	<p>The package should include the medical evidence and forms including the EE-1 or EE-2, EE-3, EE-4, the EE-5.</p> <p>Notify the claimant that their package has been forwarded to NIOSH.</p>
12. Resume claim adjudication.	When the NIOSH completes the dose reconstruction, you will receive notification from HHS. Then go to Step 12.	NIOSH will also notify the claimant that the dose reconstruction has been completed.

## SEC Specified Cancers

Type of Cancer	Except...	Onset after at least ....	Occurring after the age of ...
Leukemia	Chronic lymphocytic leukemia	2 years after first exposure	20
Lung cancer	In situ cancer discovered during or after a post-mortem exam (i.e., diagnosed after death)		
Lymphomas	Hodgkin's	5 years after first exposure	
Multiple myeloma		5 years after first exposure	
Primary cancer of the:		5 years after first exposure	
<ul style="list-style-type: none"> <li>• Thyroid</li> <li>• Male or female breast</li> <li>• Esophagus</li> <li>• Stomach</li> <li>• Pharynx</li> <li>• Small intestine</li> <li>• Pancreas</li> <li>• Bile ducts</li> <li>• Gall bladder</li> <li>• Salivary gland</li> <li>• Urinary bladder</li> <li>• Brain</li> <li>• Colon</li> <li>• Ovary</li> <li>• Liver (except if cirrhosis or hepatitis B is indicated)</li> </ul>			
Bone Cancer			

## Follow-up for SEC Cancer Claims:

### Does Claim Include Items Necessary to Establish Illness?

**Directions:** Use this checklist as a guide for requesting additional information to help you decide how to adjudicate a cancer claim. For each “no” answer, you will need to request additional information, as shown.

Yes	No	Item	If “No,” Ask:	And send a copy of form:
<input type="checkbox"/>	<input type="checkbox"/>	Are medical records included?	Claimant to provide medical records including diagnosis.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Are the following provided with the claim? – A medical report with the diagnosis of cancer and the date of diagnosis – A pathology report that forms the basis for diagnosis	Diagnosing physician (or claimant) to send the missing complete medical reports.	EE-7
<input type="checkbox"/>	<input type="checkbox"/>	Is there an EE-3 or other kinds of comparable employment information for the employee?	Claimant to provide a completed EE-3 or other comparable employment information	EE-3 (if not previously completed)
<input type="checkbox"/>	<input type="checkbox"/>	Did the DOE confirm the employment information (i.e., employment worked at one or more approved sites for at least 250 workdays)?	Claimant (or past employer) to provide additional written employment records such as personnel records, pay stubs, etc.  Claimant to provide employment history affidavits if written records are not available.	EE-5

## MULTIPLE COVERED CONDITIONS

**Introduction to multiple covered conditions:**

Claimants may sometimes list more than one covered medical condition. As claims examiner, you will adjudicate ALL medical conditions claimed, developing the evidence for each claimed condition concurrently. However, some claims are more difficult to prove than others are.

**Because your goal is to award medical coverage and lump sum payments as quickly as possible to qualifying claimants, you would never hold up benefits for one condition while waiting to develop evidence on another.**

The table on the next page shows the order in which to complete claims for two or more medical conditions.

**Directions:** Look across a row to see a combination of a condition in the left column with any of the conditions shown in the top row. Each cell shows a combination of two claimed conditions, and a suggested sequence for processing them.

**Example:** if you want to see what to process first if the claimant lists both CBD and cancer, find CBD in the left column and look across the row until you come to the CA column. The cell at the intersection says "process CBD first," and gives an explanation.

## RECA CLAIMS

### Introduction to RECA

In 1990 Congress passed a law called the Radiation Exposure Compensation Act. The program provides compensation benefits to certain miners, millers and transporters of uranium ore. Anyone qualifying for benefits under the RECA are entitled to receive compensation in amounts between \$50,000 - \$100,000. The Energy Employees Occupational Illness Program Act allows for a supplemental payment of \$50,000 to be made to individuals who received \$100,000 under Section 5 of the RECA. The people covered under Section 5 of RECA only include uranium miners, millers or ore transporters.

There are no development letters for Claims Examiners to write in this process, although you may need to prepare letters requesting copies of award letters.

Claims for Uranium Workers under Radiation Exposure Compensation Act (RECA)		
Steps	Outcomes	Notes
3. Request that claimant send a copy of the RECA Award letter received from the Department of Justice.	Send a letter to the claimant, allowing 30 days for the claimant to submit a copy of RECA Award letter, and go to Step 4.	For an example of a letter, see page 107 of the Resource Book.  The claimant is given 30 days from the date of inquiry to submit the copy. If the copy is not submitted within the 30 days, the claim is “flagged” and the claimant is notified that he or she has been given a 30-day extension.
4. Perform a final assessment of the evidence supporting the claim.	If you have evidence to recommend accepting the claim, go to Step 5.  If you have evidence to recommend denying the claim, go to Step 6.	This is your last opportunity to review all the evidence supporting the claim.
<i>Go to either Step 5 or to Step 6</i>		
5. Recommend acceptance for uranium workers under RECA.	If you are recommending that the claim be accepted, send a letter notifying the claimant that a recommended decision has been made.	Forward your recommendation to Final Adjudication Branch (FAB).  The claimant may waive his or her right to a review of the written record or a hearing.

## SURVIVOR CLAIMS

### Introduction to survivor claims:

If an employee eligible for EEOICPA benefits has died one or more of his/her survivors may file a claim under EEOICPA. Whenever a survivor files a claim the chart on the next 2 pages details the necessary steps to be followed.



- 
4. Using the chart below, determine the correct amount of payment for all eligible living survivors.
- 

If the covered employee has a surviving ...	But no...	Then the lump sum will be paid...
Widow or widower	Child or children	To the widow or widower
Widow or widower <b>and</b> a Child or children	_____	Half to the widow or widower and half to the child or children in equal shares
Child or children	Widow or widower	To the child or children in equal shares
Totally or partly dependent parent or parents, brother, sister, grandparent, grandchild	Widow, widower, child or children	To the eligible survivors in equal shares

- 
5. If the claim is approved, decide on how the claim will be paid out.

- EEOICPA specifies that the lump sum payment will be made to the claimant or to the legal guardian of the claimant.
-

## READING NARRATIVE MEDICAL REPORTS AND SUPPORTING INFORMATION FOR EEOICPA CLAIMS

A claimant filing a claim under the EEOICPA may submit a variety of medical evidence, including:

- A narrative medical report from a physician, and
- Supporting information, such as:
  - Lab tests, e.g., an LPT
  - B-reader X-ray interpretation reports
  - CAT scan reports
  - Autopsy results (in the case of a survivor claimant)

### Reading a Physician's Narrative Report

Examine the narrative to make sure the information you need is there and that it is of sufficient quality to be useful. Typically a narrative medical report will include:

- A history of the illness
- Physical findings from an examination
- Diagnostic test results, including lab tests and other diagnostic procedures
- A diagnosis
- A recommended course of treatment

As you will see, a well-rationalized diagnosis supported by required test and pathology reports is the key element. The following sections describe criteria that you, the Claims Examiner (CE) may use to evaluate each of the parts of a narrative medical report.

#### History of the illness

This section must demonstrate that the reporting physician has a consistent and accurate knowledge of the history of the illness, given the employee's claim, history, and other medical findings. The physician should describe:

- An initial date of diagnosis, and any developments since this date
- A clear description of any causative factors
- Any family history that predisposes the patient to the diagnosed condition
- In addition, if treatment has already begun, the physician should describe:
  - Forms of treatment that have been used and are currently in use
  - Any advances or setbacks resulting from the recommended treatment

If any of this information is missing or inconsistent with other information in the medical report, you may want to request clarification from the physician.

	Example of Adequate Physical Findings	Example of Inadequate Physical Findings	Comment
1	<p>“Mr. Hawkins came in for his regular physical examination to monitor the course of his chronic silicosis. He presents with severe SOB [shortness of breath], cyanotic skin color, and productive cough. He cannot walk the length of the entry corridor without use of his inhaler. The examination was interrupted three times by his coughing spasms.”</p>	<p>“Mr. Hawkins is here today for his annual check-up for silicosis. He presents with cough and SOB. He is taking his medication daily and denies the need for additional medication.”</p>	<p>In the adequate example, physical findings are listed, and include outward signs consistent with the disease. The inadequate example lists only sketchy physical findings. The degree of coughing and shortness of breath is not specified, and no other physical findings are presented.</p>
2	<p>“The patient has chronic berylliosis, as evidenced by his positive LPTs and consistent lung biopsy. His severe, productive coughing and difficulty walking are consistent with berylliosis.”</p>	<p>“The patient has berylliosis. While his breathing appears normal and he does not appear fatigued, his LPTs are positive and he has clearly been exposed to beryllium dust on the job.”</p>	<p>The adequate physical findings are linked to the diagnosis, while the inadequate ones do not support the diagnosis. Note, too, that in the inadequate case, the LPT alone is not sufficient to support the diagnosis.</p>
3	<p>“The patient complains of night sweats and extreme fatigue, reporting that he often finds it hard to get out of bed. This is consistent with the productive cough and difficulty breathing observed during the exam. The lab tests support a diagnosis of CBD. Details follow . . .”</p>	<p>“My impression is that the patient is suffering from silicosis. The patient complains of severe fatigue and SOB, consistent with silicosis. His pulmonary functions were borderline. During the exam, he appeared full of energy, frequently pacing while I asked questions. When I asked about his energy level, he stated that he’d had a double skinny latte machiatta on the way to the exam. We will need to run further tests to corroborate the diagnosis.”</p>	<p>The adequate example shows the relationship between patient’s complaint and physical findings. The inadequate example presents a diagnosis as if the patient’s complaint were supported by the physical findings, when, in fact, they were not.</p>

Here are some examples of adequate and inadequate diagnoses:

	Example of Adequate Diagnosis	Example of Inadequate Diagnosis	Comment
1	"The patient has chronic berylliosis, which appears to have increased in severity over the past several years."	"The patient has some form of pulmonary fibrosis, which may have resulted from environmental exposure to inorganic or organic substances."	In the adequate example, the diagnosis is clear, specific, and recognized. In the inadequate example, the diagnosis is clear and recognizable, but not sufficiently specific. What has caused the pulmonary fibrosis? Is it a result of exposure to inorganic substances, such as silica, beryllium, or coal dust?
2	"The patient suffers from an advanced stage of non-Hodgkin's Lymphoma"	"The patient has an atypical pneumoconiosis accompanied by a reactive dermatitis."	The adequate example is clear, specific, and recognizable. The inadequate example is not clear: Is the diagnosis of dermatitis related to that of pneumoconiosis? What is the type of pneumoconiosis and why is it atypical?
3	"Mr. Dole has CBD. Two blood Be-LPTs were positive. Recent pulmonary function studies revealed a moderate to severe restriction, as evidenced by the significantly decreased FEV1. The recent bronchoscopical biopsy was positive for granulomas consistent with CBD."	"Mr Dole has a beryllium-related pulmonary condition. He has a borderline LPT. CBC shows an elevated white blood count. Chest X-rays are consistent with pneumoconiosis."	The adequate example offers a clear diagnosis, with supporting lab and pathology tests. The inadequate example is unclear, and the disease is not specified clearly-enough to be recognizable. Is the diagnosis for beryllium sensitivity, CBD, or something else?

### The diagnosis must be well-rationalized

In addition to being clear, specific, and recognized, diagnoses (or opinions, or conclusions) must be well-rationalized, sometimes called "fully-rationalized." A well-rationalized diagnosis shows how the physician logically reached conclusions based on the patient's complaints, physical findings, lab test results, pathology reports, and any other diagnostic test results.

**Recommended course of treatment**

Sometimes, the physician will recommend treatment along with the diagnosis. A recommended treatment is not needed to make a recommended decision, but will be needed for medical coverage claims. A recommended treatment should:

- Clearly specify a course of treatment, a plan for providing treatment
- State the objective of the treatment, the benefits to the patient
- State an approximate timeline, decision points or milestones in the treatment plan
  - For example, a surgical procedure might be recommended for a cancer, followed by a 16-week course of chemotherapy or a month-long course of radiation therapy, depending on surgical outcomes.
- Explain how the treatment follows from the diagnosis

If the recommended course of treatment fails to meet one or more of these criteria, you should ask the physician for clarification.

The table below shows the most common course of treatment for the main EEOICPA medical claims:

Type of Claim	Typical Course of Treatment
Beryllium sensitivity	Monitoring for CBD indefinitely. If CBD develops, course will switch to CBD treatment.
CBD	Steroid medication, oxygen therapy as needed. Other treatments are given as needed to reduce factors that would exacerbate CBD, for example, antibiotics for bacterial infections.
Silicosis	Treatment is primarily for relief of symptoms and reduction of complications. For example, bronchodilators may be used to improve breathing, steroids to reduce bronchial inflammation, antibiotics for infection control, and antispasmodics for bronchial spasms.
Leukemia	Treatment of acute leukemia aims primarily to achieve remission through drugs, radiation, and chemotherapy. In some cases, bone marrow transplantation may be used.
Lung cancer	Typical courses of treatment include some combination of surgery, radiation, and chemotherapy, although not necessarily all three. Sometimes surgery precedes the other types of treatment, but in some cases, tumor mass is reduced by other treatments prior to surgery.
Other cancers	Courses of treatment may vary widely. Consult physician for details.

Type of claim	Requires these test results	Examples of <i>positive</i> findings are on page:	Examples of <i>normal</i> findings are on page:
CBD diagnosed on or after Jan 1, 1993	Beryllium sensitivity as established by a Be-LPT, AND at least 1 of these 3 tests:  (1) Lung biopsy showing granulomas or a lymphocytic process consistent with CBD, (2) CAT scan showing changes consistent with CBD, (3) pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with CBD.	<b>Note:</b> Examples of these tests are included in those shown for CBD diagnosis before 1993.	
		93 for (1) lung biopsy pathology report	91 for (1) lung biopsy pathology report
		90 for (2) CAT scan	90 for (2) CAT scan
		91 for (3) pulmonary function studies	90 for (3) pulmonary function studies
Silicosis	At least one of these three tests: 1. X-ray interpreted by a B-reader 2. CAT scan 3. lung biopsy	95 for (1) X-ray B-reader report	94 for (1) X-ray B-reader report
		CAT scans for Silicosis are not available. See page 95 for paragraph on chronic silicosis. See page 90 for CBD CAT scan reports, which are similar.	
		See page 95 for paragraph on chronic silicosis "Lung Biopsies." Also see 91-93 for CBD lung biopsy pathology reports, which are similar.	
Cancer	Tests vary widely, but often include (1) tissue biopsies and (2) blood tests	96 for (1) tissue biopsy	96 for (1) tissue biopsy
		No examples at this time, but look for references to cancerous cells or carcinoma	

## EXAMPLES OF NARRATIVE REPORTS WITH WELL-RATIONALIZED AND POORLY-RATIONALIZED DIAGNOSES

### Excerpt from a narrative report with a well-rationalized diagnosis

As you read this excerpt, note that the diagnosis (“medical opinion”) includes:

- sufficient diagnostic procedures, in this case positive Be-LPTs and a lung biopsy consistent with chronic beryllium disease
- interpretation of diagnostic procedures’ findings—LPT plus granulomatous lung biopsy equals CBD
- a logical path linking all evidence, and is plausible
- a mechanism for how the illness may have been caused

“Mr. Robert E. Reynolds was evaluated at our facility in April 2001. During his evaluation, we determined that he has Chronic Beryllium Disease. Specifically, he had a history of beryllium exposure as an inspector at a number of DOE facilities and beryllium vendor facilities throughout the country. He was primarily stationed in administrative buildings, but was placed in warehouses and production facilities on a number of occasions. Specifically, he was in building 282 at Rocky Flats, which was used as a beryllium machining facility, and at other buildings that also housed beryllium processing facilities. He had not other potential exposure to beryllium in other occupations or in non-occupational settings.

“As a result of his work for DOE, Mr. Reynolds underwent beryllium lymphocyte proliferation testing. These returned abnormal from 1997 and 2000, confirming a diagnosis of beryllium sensitivity. We performed the evaluation reported here in April 2001 as a follow up on this sensitization. Of particular note, during this evaluation, we performed a bronchoscopy and took a biopsy of lung tissue. The biopsy revealed evidence of granulomatous lung disease. The granulomas, which are consistent with Chronic Beryllium Disease, coupled with Mr. Reynold’s beryllium sensitivity are telling. It is my medical opinion that Mr. Reynolds has Chronic Beryllium Disease, an interstitial lung disease, which can result in significant respiratory impairment.

“Also of note, Mr. Reynolds has had significant symptoms of shortness of breath and profound fatigue, which I believe are also related to his Chronic Beryllium Disease. Because of his profound fatigue, he has been unable to return to work.

“I have recommended the following as a course of treatment for Mr. Reynolds:

1. Continued avoidance of exposure to beryllium. This is critical.
2. Reduction of work schedule—his condition precludes the capacity to complete a full day’s work.
3. Follow-up to determine progression of his disease, yearly at a minimum, with testing potentially to include pulmonary function tests and exercise test to evaluate the severity of his disease and the need for treatment.”

## EXAMPLE LAB TESTS AND PATHOLOGY REPORTS

### Beryllium LPTs to establish beryllium sensitivity

**Example that is negative (normal) for beryllium sensitivity:**

	Reps	Median	S.I.	C.V.
Control	12	1750		0.20
D5Be1	4	2451	1.40	0.13
D5Be10	4	1759	1.00	0.23
D5Be100	4	2044	1.17	0.33
Control	12	1925		0.64
D7Be1	4	1345	0.70	0.14
D7Be10	4	2014	1.05	0.61
D7Be100	4	658	0.34	0.02
PHA	4	158549	90.60	0.35
CONA	4	226505	129.43	0.11

**Interpretation:** The patient has a NORMAL beryllium lymphocyte proliferation test (Be-LPT). The patient's blood cells display a normal response to mitogens and a normal response to beryllium sulfate. As defined by the Committee to Accredite Beryllium Sulfate Sensitivity Testing (CABST), "an abnormal LPT is one in which 2 or more beryllium stimulated points exceed the mean peak SI + 2 SD for laboratory controls." The control mean peak SI + 2 SD is 4.1 for the current serum supplement.

**Example that is positive (abnormal) for beryllium sensitivity:**

	Reps	Median	S.I.	C.V.
Control	12	1198		0.34
D5Be1	4	1904	1.59	0.13
D5Be10	4	6142	5.13	0.23
D5Be100	4	1470	1.23	0.33
Control	12	4016		0.64
D7Be1	4	6251	1.56	0.14
D7Be10	4	17090	4.26	0.61
D7Be100	4	7985	1.99	0.02
PHA	4	154648	129.09	0.35
CONA	4	237909	198.59	0.11

**Interpretation:** The patient has an ABNORMAL beryllium lymphocyte proliferation test (Be-LPT). The patient's blood cells display an abnormal response to beryllium sulfate. As defined by the Committee to Accredite Beryllium Sulfate Sensitivity Testing (CABST), "an abnormal LPT is one in which 2 or more beryllium stimulated points exceed the mean peak SI + 2 SD for laboratory controls." The control mean peak SI + 2 SD is 4.1 for the current serum supplement.

**Note:** These are the two abnormal values that exceed the control mean peak SI by more than two standard deviations, which is show as 4.1 in the "Interpretation."



**Example of positive (abnormal) pulmonary function:**

<b>Spirometry</b>		Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chng
FVC	Liters	4.50	2.25	50			
FEV1	Liters	3.45	1.67	48			
FEV1/FVC	%						
FEF25-75%	L/sec						
PEF	L/sec						
MVV	L/min						
<b>Lung Volume</b>							
TLC		5.20	4.46	86			
TGV		3.15	2.87	91			
RV		1.65	1.55	94			
<b>Diffusion</b>							
DLCO	ml/Min/mmHg	22.5	20.1	89			
DLCO/VA	l/Min/mmHg	3.85	4.67	121			
VA	Liters	5.85	5.16	88			

Note: These values are so low as to make this pulmonary function abnormal. The lung volume and diffusion percentages might be considered normal.

**Pulmonary function studies often also include:**

- Graphs of the functions
- Other values than those shown in the preceding examples
- Additional tests
- Several repetitions of the same test. In these situations, the "pre measure" is often called the "baseline."

Exercise tests are similar to pulmonary function studies, but also include pre- and post-exercise measures, and often measure changes in the patient's blood gases.

**Lung Pathology Reports**

Pathology reports, including those for suspected diseases of the lung, do not have any particular format. However, they usually include a microscopic findings section and a diagnosis section.

**Example of a negative (normal) lung pathology report for CBD:****SPECIMEN:**

1: BIOPSY RML

2: BIOPSY LLL

**PRE OPERATIVE DIAGNOSIS:**

COUGH EUD, NIGHT SWEATS, BERYLLIUM SENSITIZATION

**POST OPERATIVE DIAGNOSIS:**

RML INFLAMATION AND SAME

(Negative pathology report continues on next page)

**Example of a positive (abnormal) lung pathology report for CBD:**

## CLINICAL HISTORY:

R/O CBD

## OCCUPATIONAL HISTORY:

Not given

## PRE-OP DIAGNOSIS:

R/O CBD

## SPECIMEN:

Transbronchial biopsy, RLL

## GROSS DESCRIPTION:

Received in formalin labeled with the patient's name are multiple fragments of pink-tan tissue with flecks of mucus and blood. The largest fragment measures 6 x 2 x 1mm. Submitted in toto.

## MICROSCOPIC FINDINGS:

H & E stained sections show multiple, small fragments of bronchial mucosa and adjacent alveolar septa. The bronchial lining cells are ciliated and columnar. There is submucosal edema, but minimal bronchial inflammation. One fragment of alveolar tissue shows an interstitial well-formed granuloma characterized by giant cells and epithelioid histiocytes. [Note: underlining is physician's. It highlights the findings related to CBD.] No necrosis is identified. There is no evidence of polarizable material. Special stains for mycobacteria (AFB) and fungi (GMS) are negative.

Slides available for review:

H&amp;E (1-6), AFB, GMS

## MICROSCOPIC DIAGNOSIS:

Lung, right lower lobe, transbronchial biopsy:  
--Non-necrotizing granuloma consistent with chronic beryllium disease

Example that is positive (abnormal) for chronic silicosis:

1.A. Date of X-Ray 03 09 1997		1. B. Film Quality <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> UR		1.C. Film Entirely Negative? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																															
2.A. Any Parenchymal Abnormalities Consistent with Pnemoconiosis?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																															
2.B. SMALL OPACITIES				2.C. LARGE OPACITIES																															
a. Shape/Size		b. Zones		c. Profusion																															
<table border="1"> <tr> <td>Primary</td> <td>Secondary</td> </tr> <tr> <td>p s</td> <td>p s</td> </tr> <tr> <td>q t</td> <td>q t</td> </tr> <tr> <td>r u</td> <td>r u</td> </tr> </table>		Primary	Secondary	p s	p s	q t	q t	r u	r u	<table border="1"> <tr> <td colspan="2">b. Zones</td> </tr> <tr> <td>R</td> <td>L</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		b. Zones		R	L							<table border="1"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>		0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+
Primary	Secondary																																		
p s	p s																																		
q t	q t																																		
r u	r u																																		
b. Zones																																			
R	L																																		
0/-	0/0	0/1																																	
1/0	1/1	1/2																																	
2/1	2/2	2/3																																	
3/2	3/3	3/+																																	
				Size <input type="checkbox"/> 0 <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C																															
3.A. Any Pleural Abnormalities Consistent with Pnemoconiosis?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																															
3 B. Pleural Thickening		3.C. Pleural Thickening ... Chest Wall																																	

**Note:** For chronic silicosis, the profusion is the critical part specified by law. It must be 1/1 or higher. (See table on page 86.)

### CAT Scans

Examples of this kind of report are included in the CBD section on page 90. What you are looking for in the CAT scan report are findings that include a statement such as "... consistent with silicosis." There may be references to fibrosis. Note that sometimes physicians are not specific about the type of pneumoconiosis. If the CAT scan report does not mention silicosis by name, you may want to query the physician about whether or not the fibrosis or pneumoconiosis is consistent with silicosis.

### Lung Biopsies

Again, examples of this kind of report are included in the CBD section on page 91-93. The pathology report should include reference to evidence of silicosis. If the report mentions pneumoconiosis without specifying the type, you may wish to query the physician about whether the pathology is consistent with silicosis.

**CONDITION & ICD-9 CODES**

The information in this appendix provides ICD-9 Codes for commonly accepted conditions under the Energy Employees Occupational Illness Compensation Program Act. Please note that the following commonly accepted diagnoses are NOT an inclusive listing, nor are they at the most specific 4 –5 digit level in most cases.

This resource provides a starting point to identify a more specific code. In many cases, a range of codes is provided. Please use the Medicode **ICD-9 CM** Publication Chapter 2 (Neoplasms), and Chapter 10 (Diseases of the Genitourinary System) to find the specific code within a range. You will find most of what you need in Chapter 2. Chapter 10 will be helpful with renal conditions.

**Note:** If an ICD-9 code is given as a single number, use that number; there is no need to look in the ICD-9 CM publication.

**BERYLLIUM**

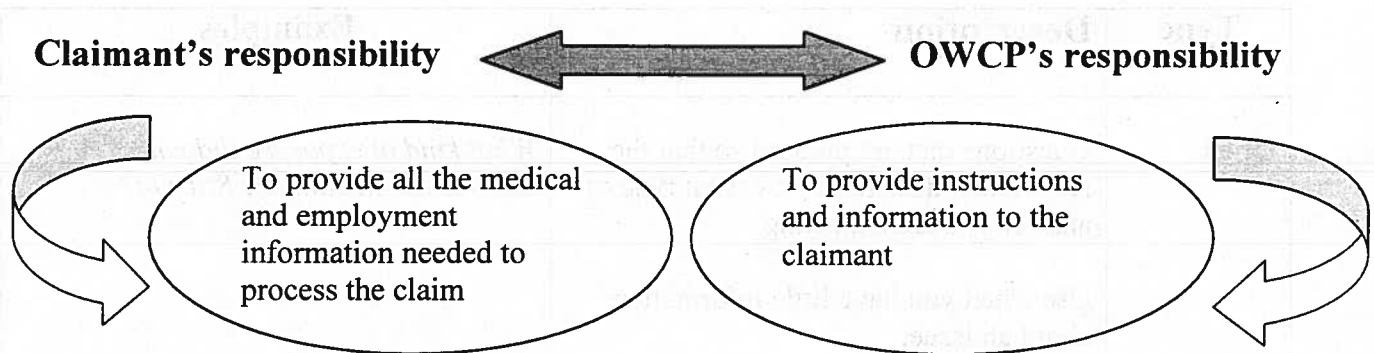
Condition	ICD-9 Code
Beryllium Sensitivity	V81.4 <b>Note:</b> this is a special supplementary classification, which indicates circumstances or problems which influence the person's health status but is NOT in itself a current illness or injury.
Chronic Beryllium Disease	503 This category is pneumoconiosis due to other inorganic dust, which includes berylliosis or CBD.

**SILICOSIS**

Condition	ICD-9 Code
Chronic Silicosis	502 This category is pneumoconiosis due to other, silica or silicates

Tables continue on the next page

## Requesting Information on a Claim



**Remember that:** The claimant has the ultimate responsibility to provide evidence supporting their claim **BUT** you can request information from other informed sources such as physicians (MDs), hospitals, labs, and past employers. \*

You can request information by **letter** or **telephone**.

If you request information by <b>letter</b> ...	If you request information by <b>telephone</b> ...
<ul style="list-style-type: none"> <li>Plan your questions carefully. (See next page.)</li> </ul>	<ul style="list-style-type: none"> <li>Some issues, such as requests for test results, can be handled more quickly and personally.</li> </ul>
<ul style="list-style-type: none"> <li>Send a copy to the letter to the claimant with an attachment stating that the person concerned has 30 days to respond to the request for information.</li> </ul>	<ul style="list-style-type: none"> <li>Request that the people you are speaking to follow up in writing when the information is vital to the outcome of a claim.</li> </ul>
<ul style="list-style-type: none"> <li>Make a copy of the letter and put it in the case file.</li> </ul>	<ul style="list-style-type: none"> <li>Document your telephone call and put a copy of your written notes in the case file. Then, follow-up your request for information in writing.</li> </ul>

\* By signing a claim form under EEOICPA, the claimant authorizes OWCP to collect medical and employment documentation that are pertinent to his or her case.

## Sample Development Letters

The following pages provide:

- ♦ A template of a development letter
- ♦ Sample paragraphs for medical information to insert in a letter
- ♦ Sample paragraphs for employment information to insert in a letter

These letters are provided to offer guidance only. Each letter should be written to address the specifics of the case. Also, as the program develops, your District Office may have specific guidance on how to write letters that are sent out of that District Office.

The District Office has reviewed all the evidence presented with your claim. You marked on your claim form that you were employed at [Name of Employer(s)] from [Dates]. The evidence is not sufficient for the District Office to make a decision in your case because we need additional information on your past employment.

Please submit the following records pertaining to your employment.

*Select paragraphs from "Development Letter Sample Employment Paragraphs" according to the type of illness*

To provide proof of employment, you may provide any trustworthy written records such as:

- Records created by any government agency such as W-2 forms, security clearance applications, etc.
- Time and attendance forms
- Minutes from a meeting that lists the participants at a meeting
- Punch cards
- Letters from employers
- Notification of promotions
- Wage statements
- Sign in and sign out forms from logbooks.

If you are unable to obtain written records, you may ask others to affirm your employment history using the attached Employment History Affidavit Form (EE-4).

As the claimant, it is your responsibility to submit the evidence needed to establish a claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). You have 30 days from the date of this letter to provide the requested information. If you do not provide the necessary information, the District Office may recommend that your claim for compensation of [Illness] be denied.

If you have any questions or concerns, please contact the District Office at [Your Telephone Number] or fax [Your Fax Number].

Sincerely,

[Your Name]

Claims Examiner

Attachment: EE-4

CBD (d)	<p>4. (If diagnosis of employee's CBD was made before January 1993) Please also submit at least three of the following:</p> <ul style="list-style-type: none"> <li>• A characteristic chest radiographic or computed tomography denoting abnormalities</li> <li>• A restrictive or obstructive lung physiology test or diffusion lung capacity defect</li> <li>• A lung pathology report consistent with chronic beryllium disease</li> <li>• A clinical course report consistent with chronic respiratory disease disorder</li> <li>• Immunologic tests showing beryllium sensitivity (skin patch test or beryllium test).</li> </ul>
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**Silicosis**

Si (a)	<p>1. A medical report from your treating physician that lists:</p> <ul style="list-style-type: none"> <li>• A history of your condition</li> <li>• Physical findings from your examination</li> <li>• The results of all diagnostic tests performed</li> <li>• Your diagnosis</li> <li>• The recommended course of treatment</li> <li>• Any other important findings.</li> </ul>
Si (b)	<p>2. Please submit a copy of <b>one</b> of the following test results:</p> <ul style="list-style-type: none"> <li>• A chest radiograph, interpreted by a certified National Institute for Occupational Safety and Health (NIOSH) B-reader, showing a pneumoconiosis of category 1/1 or higher.</li> <li>• Results from a computer assisted tomograph (CAT) scan or other imaging technique that are consistent with silicosis.</li> <li>• Lung biopsy findings consistent with silicosis.</li> </ul>

**Cancer (SEC and Non-SEC)**

Ca (a)	<p>1. A medical report from your treating physician that lists:</p> <ul style="list-style-type: none"> <li>• Your diagnosis including a date of diagnosis</li> <li>• A history of your condition</li> <li>• Physical findings from your examination</li> <li>• The results of all diagnostic tests performed including a pathology report</li> <li>• The recommended course of treatment</li> <li>• Any other important findings.</li> </ul>
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## Sample Request for RECA Award Letter

U.S. Department Of Labor  
Employment Standards Administration  
Office Of Workers' Compensation Programs  
[District Office Address]

Date

File Number:

Name of Claimant

Address of Claimant

Dear [Name of Claimant]

This letter is about your claim for compensation.

On August 15, 2001, you submitted an EE-1 Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act. You claimed that you have developed \_\_\_\_\_[illness] as a result of your employment as a uranium worker with \_\_\_\_\_[employer].

Section 3630 of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) establishes that beneficiaries of \$100,000 under section 5 of Radiation Compensation Exposure Act (RECA) can receive an additional \$50,000 and medical benefits.

The District Office has reviewed all the evidence presented with your claim. In order to establish a claim, we need a copy of the "Award" Letter that you were sent from the Department of Justice informing you that your claim for compensation under RECA has been approved in the amount of \$100,000. We also need you to attach a Privacy Act release so we can verify your award with the Department of Justice.

As the claimant, it is your responsibility to submit the evidence needed to establish a claim under the Energy Employees Occupational Illness Compensation Program Act. You have 30 days from the date of this letter to provide the requested information.

If you have any questions or concerns, please contact the District Office at 202-555-8989 or fax 202-555-8999.

Sincerely,

[Your name]

Claims Examiner

Attachment: Privacy Act Release [Note: not shown in this version of the training material]

Yes	No	Documents/Notes	Identify...
<input type="checkbox"/>	<input type="checkbox"/>	Employment history affidavits (EE-4)	Evidence that supports employee's employment history
<input type="checkbox"/>	<input type="checkbox"/>	Copies of letters sent to claimants, physicians, labs, hospitals, or others involved in the case.	
<input type="checkbox"/>	<input type="checkbox"/>	Documentation regarding all telephone calls made during case development.	
<i>If claimant is a survivor, then also obtain:</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Evidence demonstrating proof of relationship to deceased at the date of death of the employee (e.g., marriage certificate, birth certificate, death certificate, or adoption papers).</b>	Proper survivor eligibility
<input type="checkbox"/>	<input type="checkbox"/>	Identification of any other potential survivors.	

After a careful review of the evidence submitted with your claim, the District Office finds that you were employed with a \_\_\_\_\_ [Type of Employer—beryllium vendor, atomic weapons facility, etc] during a period when \_\_\_\_\_ [Type of Substance—radiation, beryllium dust, particles, silica, etc] were present. You submitted evidence that demonstrates that you were employed with the \_\_\_\_\_ [Name of Employer] in \_\_\_\_\_ [Location of Employer].

Furthermore, it is accepted that as a result of this exposure you developed \_\_\_\_\_ [Illness]. Medical evidence from \_\_\_\_\_ [Name of Doctor], establishes that you have been diagnosed with [Illness]. His/her conclusion is supported by a \_\_\_\_\_ [Name of test(s)] performed on \_\_\_\_\_ Date of test(s)].

**If the case was sent to NIOSH for dose reconstruction, you may insert the following paragraph here.**

NIOSH has completed the dose reconstruction on your case. Using our algorithm, we have determined the likelihood of your cancer being related to radiation exposure in your covered employment is \_\_\_\_%. To receive an award, the percentage must be 50% or higher. Therefore, you meet the standards for EEOICPA coverage.

Based on these findings, the District Office recommends acceptance of your claim for \_\_\_\_\_ [Illness]. Under the Energy Employees Occupational Illness Compensation Program Act section 3628 (a)(2) specifies entitles you to:

**Insert information from paragraphs C or D – F here**

Therefore, the finding of this office is that you are entitled to the sum of \$ \_\_\_\_\_ [Dollar amount] and medical coverage for the accepted condition of \_\_\_\_\_ [Illness].

Please review the attached sheet that describes your rights in regards to this recommended decision. If you chose to contest the recommended decision, it is important that you carefully follow the instructions for filing a hearing or review of the written record.

Sincerely,

[Your name]  
Senior Claims Examiner

Enclosure: Claimant Rights

**Recommended Decision Sample Denial Letter**

U.S. DEPARTMENT OF LABOR

Employment Standards Administration  
Office of Workers' Compensation Programs  
200 Constitution NW  
Washington DC 20210

Date of Letter

File Number:  
Date of Filing:

Dear \_\_\_\_\_ [Name of Claimant],

**NOTICE OF RECOMMENDED DECISION**

In regards to your claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), the District Office recommends a denial for \_\_\_\_\_ [Illness].

The EEOICPA provides for a lump sum payment and medical benefits as compensation to a covered employee suffering from designated illnesses incurred as a result of their exposure to radiation, beryllium or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors and subcontractors. The Act also provides for payment of compensation to certain survivors of these covered employees. While either the covered employee or their survivor may file a claim, it is the burden of the person making the claim to provide the factual and medical evidence necessary to establish eligibility for benefits.

In order to establish a claim for \_\_\_\_\_ [Illness], the evidence of record must demonstrate:

**Insert information from paragraph A here****Insert information from paragraph B here**

In your case, you filed an \_\_\_\_\_ [Name of Form] Claim for Benefits Under Energy Employees Occupational Illness Compensation Program Act on \_\_\_\_\_ [Date of Claim]. You claimed that you developed \_\_\_\_\_ [Illness] on as a result of your employment with \_\_\_\_\_ [Name of Employer]. The evidence submitted in support of your claim included an EE-3 Employment History, a medical report from \_\_\_\_\_ [Name of Doctor], \_\_\_\_\_ [Name of test(s) performed] and an employment record from \_\_\_\_\_ [Name of Employer].

File Number \_\_\_\_\_  
Date of Filing: \_\_\_\_\_

**Claimant Rights in Regard to a Recommended Decision under  
The Energy Employees Occupational Illness Compensation Program Act**

The District Office has issued a recommended decision in regard to your claim under the Energy Employees Occupational Illness Compensation Program Act. READ THIS NOTICE CAREFULLY AND INDICATE THE ACTION YOU WISH TO REQUEST: HEARING; REVIEW OF THE WRITTEN RECORD; OR WAIVER.

You are permitted 60 days from the date of this recommended decision to indicate the action you wish to pursue and return this form to the Final Adjudication Branch. If you do not return this form within the allotted time frame or do not indicate a preferred course of action, the Final Adjudication Branch will conduct a review of the recommended decision and issue a final decision.

Please check the action you wish to pursue in regards to the recommended decision:

- ☐ **HEARING:** You may request an oral hearing before the Final Adjudication Branch. At an oral hearing you will be given the opportunity to present oral testimony and written evidence in support of your claim. The hearing will be informal and will be held at a location in your area. Any person authorized by you in writing may represent you at the hearing. If you are requesting a hearing, you must explain the basis for challenging the recommended decision (Attach a supplemental statement, should you require additional space:
- ☐ **REVIEW OF THE WRITTEN RECORD:** You may request an examination of the written record by the Final Adjudication Branch. You will not be asked to attend or give oral testimony, but you may submit additional written evidence. You will have this review instead of an oral hearing. Any additional written evidence you want to submit must be sent with your request for review.
- ☐ **WAIVER:** You may waive your right to a hearing or review of the written record. If you chose to waive your right to a hearing or a review of the written record, the Final Adjudication Branch will conduct a cursory review of the recommended decision and issue a final decision.

Print Name \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_

*Note: This is a preliminary draft of a recommended decision letter.*

## Silicosis

Si (a)	<u>Employment qualifications:</u> In order to be eligible for benefits, the employee must establish employment with the Department of Energy (DOE), or with a DOE contractor and presence for an aggregate of at least 250 workdays during the mining of tunnels at a DOE facility located in Nevada or Alaska, which were used for atomic weapon tests or experiments. The Act permits a claimant to aggregate the days of service at more than one qualifying site.
Si (b)	<u>Medical testing requirements:</u> A written diagnosis by a qualified physician of chronic silicosis accompanied by one or more of the following: <ul style="list-style-type: none"> <li>• A chest radiograph, interpreted by a certified National Institute for Occupational Safety and Health B-reader, classifying the existence of pneumonconioses of category 1/1 or higher.</li> <li>• Results from a computer assisted tomograph or other imaging technique that are consistent with silicosis</li> <li>• Lung biopsy findings consistent with silicosis.</li> </ul>

## Cancer

Ca (a)	<u>Employment qualifications:</u> A DOE employee, a DOE contractor employee, or an atomic weapons employee who contracted cancer after such employment and it has been determined by the Department of Health and Human Services that the cancer "is at least as likely as not related to such employment."
Ca (b)	<u>Medical testing requirements:</u> A written medical report from a qualified physician that provides a diagnosis of a cancer, supported by a pathology report and the date of diagnosis.

## SEC Cancer

SEC-Ca (a)	<u>Employment qualifications:</u> A member of the Special Exposure Cohort (SEC) who was a DOE employee, a DOE contractor employee, or an atomic weapons employee who contracted a specified cancer after beginning of employment.
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## **Recommended Decision Sample Acceptance Letter—RECA**

U.S DEPARTMENT OF LABOR

Employment Standards Administration  
Office of Workers' Compensation Programs  
200 Constitution NW  
Washington DC 20210

Date of Letter

**File Number:**  
**Date of Filing:**

Dear [Name of Claimant],

### **NOTICE OF RECOMMENDED DECISION**

In regards to your claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), the District Office recommends an acceptance for your claim for [Illness].

Section 3630 of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) establishes that beneficiaries of \$100,000 under section 5 of Radiation Compensation Exposure Act (RECA) can receive an additional \$50,000 and medical benefits.

Specified uranium workers are employees associated with mining, milling or transportation or uranium ore for use in the manufacture of atomic weapons. The Act also provides for payment of compensation to certain survivors of these covered employees. While either the covered employee or their survivors may file a claim, it is the burden of the person making the claim to provide the factual and medical evidence necessary to establish eligibility to the benefits.

In order to establish a claim, a claimant must have received payment or an "Award" Letter from the Department of Justice.

Based on these findings, the District Office recommends acceptance of your claim for [Illness]. Under the Energy Employees Occupational Illness Compensation Program Act section 3630 (a) specifies entitles you to:

- Lump sum Payment: The Act provides a lump sum payment of \$50,000 to covered uranium workers and, where applicable, survivors of such employees.

File Number:

Date of Filing:

**Claimant Rights in Regard to a Recommended Decision under  
The Energy Employees Occupational Illness Compensation Program Act**

The District Office has issued a recommended decision in regard to your claim under the Energy Employees Occupational Illness Compensation Program Act. READ THIS NOTICE CAREFULLY AND INDICATE THE ACTION YOU WISH TO REQUEST: HEARING; REVIEW OF THE WRITTEN RECORD; OR WAIVER.

You are permitted 60 days from the date of this recommended decision to indicate the action you wish to pursue and return this form to the Final Adjudication Branch. If you do not return this form within the allotted time frame or do not indicate a preferred course of action, the Final Adjudication Branch will conduct a review of the recommended decision and issue a final decision.

Please check the action you wish to pursue in regards to the recommended decision:

- ☐ **HEARING:** You may request an oral hearing before the Final Adjudication Branch. At an oral hearing you will be given the opportunity to present oral testimony and written evidence in support of your claim. The hearing will be informal and will be held at a location in your area. Any person authorized by you in writing may represent you at the hearing. If you are requesting a hearing, you must explain the basis for challenging the recommended decision (Attach a supplemental statement, should you require additional space:
- ☐ **REVIEW OF THE WRITTEN RECORD:** You may request an examination of the written record by the Final Adjudication Branch. You will not be asked to attend or give oral testimony, but you may submit additional written evidence. You will have this review instead of an oral hearing. Any additional written evidence you want to submit must be sent with your request for review.
- ☐ **WAIVER:** You may waive your right to a hearing or review of the written record. If you chose to waive your right to a hearing or a review of the written record, the Final Adjudication Branch will conduct a cursory review of the recommended decision and issue a final decision.

Print Name \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_

*Note: This is a preliminary draft of a recommended decision letter.*



Please review the attached sheet that describes your rights in regards to this recommended decision. If you chose to contest the recommended decision, it is important that you carefully follow the instructions for filing a hearing or review of the written record.

Sincerely,

[Your name]  
Senior Claims Examiner

Enclosure: Claimant Rights

## ENERGY COMPUTER MANAGEMENT SYSTEM (ECMS)

ECMS is the computer system for documenting and tracking claims. When claims first come into the District Office, the information will be entered into the ECMS system by case create clerks. You will be responsible for entering the status, actions, and decisions made on a case into ECMS.

At present, ECMS is in the prototype phase and may look somewhat different when the system goes live. For example, "pop-up" buttons may activate windows. Although the screens will not look exactly like the screen captures seen on the following pages, they will contain most of the information.

## Claimant Types

[illegible]

Using the EE-1 or EE-2, the case create clerk will enter the type of claimant who filed the claimant (i.e., employee, widow, son, etc.)

## Claimant's Identifying Information

**Energy Fast Track**  
File Case Comp Billpay Help

**Maintain Claimant**

Case#: 123-45-6789  
ClmType: employee  
ClaimantSSN: 123-45-6789

**Claimant**  
Claimant SSN: 123-45-6789 Payee Type: Widow  
Clm (Last,First,MI): MATTHEWS-BARNETTE MARYLOUISE M  
Sex: FEMALE DOB: 01/01/2001  
Eligible: YES Relationship to Empt: ComboBox3

**Address/Phone**  
Mailing Name: Edit1  
Address: Address line 1 goes here  
Address line 2 goes here  
City: Citygoeshere State: ST Zip: 12345  
Phone: 999-999-9999

**Direct Deposit**  
Mailing Name: Edit1  
Address: Address line 1 goes here  
City: Citygoeshere State: ST Zip: 12345  
Phone: 999-999-9999  
Routing No: Edit2 Acct No: Edit3  
Type Acct: Checking

**Other Census**  
DOB: 01/01/2001  
DOD: 01/01/2001  
Med Facility: Name

OK Cancel

Using the EE-1 or EE-2, the case create clerk will enter identify information about the claimant if the claimant is different from the employee. If the claim is accepted for payment, direct deposit information about the claimant will be added.

## Claim Dates and Claim Status

**Energy Fast Track**

File Case Comp Billpay Help

Case#: 123-45-6789 # 1 of 1 Empl (Last,First,MI): ROOSCH JAMES M

ClmType: employee DO: 01 Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150  
DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PWL

ClaimantSSN: 123-45-6789 Claimant(Last,First,MI): ROOSCH JAMES M

Claims | Employee | Claimants | Conditions | Work | Dates/Status/Loc | Notes | Billpay | Comp | Transfer | Contacts

**Case File Location**

LOC: FIL  
Effective Date: 01/01/2001  
Originating DO: 01

**Claim Status**

STATUS DESC:   
STATUS DATE: 01/01/2002 12:12:02

**Case CE Assignment**

CE ID: Referral Date:   
Comb 01/01/2001

**Comp Pay Factors**

AQP Sent Date: 01/01/2001 AQP Received: 01/01/2001  
AQP Amount: 75,000 Total Paid to Date: 75,000

**Claim Dates**

Claim Rcvd Date: 01/01/2001 Claim Filed Date: 01/01/2001 Entitlement Date: 01/01/2001  
Clmt Signature Date: 01/01/2001 Case Create Date: 01/01/2001

This is the first screen that you will take action on.

Using the information from the case file, check the **Claim Filed Date** entered by the case create clerk and change the date if necessary.

The Claim Filed Date is the earliest date that the claimant does one of the following:

- Mails his or her claim (or another letter showing intent to file a claim) to OWCP, as determined by the postmark
- Hand carries the claim to OWCP District office
- Gives the claim form to a DOE/DOL Resource Center representation

The Claim Filed Date can be no earlier than July 31, 2001.

## Medical Conditions

[illegible]

The case create clerk enters the employee's medical condition claimed in the EE-1 or EE-2.

Each of the employee's medical conditions will have a separate line on the screen. For example, if the employee is claiming cancer and silicosis, there will be two screen lines completed.



## Medical Conditions

(Continued)

Energy Fast Track

File Case Comp Billpay Help

Case#: 123-45-6789 # 1 of 1 Empt (Last,First,MI): ROOSCH JAMES M

CmType: employee DO: 01 Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150

DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PwL

ClaimantSSN: 123-45-6789

Claims Employee Claimants Conditions

Doubleclick line item to update

Sq#	Rptd	ICD9	Mod	Medical Condi

ADD

Reported on EE1/EE2: ☐

Condition Type: Cancer

ICD9: 31500 Mod: Left

Condition Desc: Name of Cancer from icd9 list of cancers

Diagnosis Date: 01/01/2001

Status: Eligible for pmt Effective Date: 01/01/2001

Probability of Cause: 99.9% POC Date: 01/01/2001

IREP Version: ComboBox

OK Cancel

You will be completing several fields in this window.

1. **Enter** the ICD code for the medical condition.

**Note:** For some diseases (i.e., beryllium sensitivity, chronic beryllium disease, and silicosis), the ICD-9 code will automatically populate when you enter the condition type. For other diseases such as cancer, you will need to refer to page 97 of the Resource Book to find the ICD-9 code. The Condition Desc (condition description) will automatically populate when you enter the ICD-9 code.

2. In the Diagnosis Date box, **enter** the date the medical condition was diagnosed (as established by the medical documentation.)

## Work History

**Energy Fast Track**

File Case Comp Billpay Help

Case#: 123-45-6789 # 1 of 1 Empt (Last,First,MI): ROOSCH JAMES M

CltType: employee DO: 01 Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150  
DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PWL

ClaimantSSN: 123-45-6789 Claimant(Last,First,MI): ROOSCH JAMES M

Claims Employee Claimants Conditions Work Dates/Status/Loc Notes Billpay Comp Transfer Contacts

**Employment Classification**

☐ DOE facility ☐ Atomic weapons facility  
☐ Beryllium Vendor ☐ Uranium Worker  
☐ Other

**SECs**

ComboBox8

**Most Recent Work Site**

Site: cboSite  
Position Title: cboTitle  
From: 01/01/2001 To: 01/01/2001  
Dosimetry Badge? Y Badge No: Edit2  
Status: Reported (default entry)

**Other Claim Factors**

Received RECA Award Letter? Y  
Civil law suit related to claim? Y

Using the EE-1 or EE-2 and the EE-3, the case create clerk will enter the information on the employee's work history.



## Notes

The screenshot displays the 'Energy Fast Track' application window. The title bar reads 'Energy Fast Track'. The menu bar includes 'File', 'Case', 'Comp', 'Billpay', and 'Help'. Below the menu bar is a toolbar with icons for file operations. The main data entry area contains the following fields:

- Case#: 123-45-6789 # 1 of 1
- Empl (Last,First,MI): ROOSCH JAMES M
- CltType: EM-empl DO: 01
- Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150
- DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PWL
- ClaimantSSN: 123-45-6789
- Claimant(Last,First,MI): ROOSCH JAMES M

Below these fields is a tabbed interface with the following tabs: Claims, Employee, Claimants, Conditions, Work, Dates/Status/Loc, Notes (selected), Billpay, Comp, Transfer, and Contacts. The 'Notes' tab is active, showing a table with the following columns: Sq#, Filer, Type, Note, and Date. The table is currently empty.

Sq#	Filer	Type	Note	Date
-----	-------	------	------	------

This is where you will keep your notes and document your actions taken in the case. These actions will include when and what type of correspondence was sent to the claimant or other concerned parties and when and what type of correspondence was sent to other government agencies.

**Note:** Follow on screen instructions when completing this window.

## Billpay Tab

**Energy Fast Track**

File Case Comp Billpay Help

Case#: 123-45-6789 # 1 of 1 Empt (Last,First,MI): ROOSCH JAMES M

CltType: EM- empl DO: 01 Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150  
DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PWL

ClaimantSSN: 123-45-6789 Claimant(Last,First,MI): ROOSCH JAMES M

Claims Employee Claimants Conditions Work Dates/Status/Loc Notes Billpay Comp Transfer Contacts

**Memo1**  
This screen will contain instructions and basic run-time parameters that the person holding the role of Bill Processing Operations staff (BPO) will be required to perform/enter to update the Medical Bill Payment Eligibility File. Reqs analysis in progress.

## Transfer Case

**Energy Fast Track**

File Case Comp Billpay Help

Case#: 123-45-6789 # 1 of 1 Empt (Last,First,MI): ROOSCH JAMES M

CltType: EM-empl DO: 01 Sex: Male DOB: 09/30/2001 Status: FA 09/30/2001 TotComp: 150  
DOD: 12/23/2002 LOC: FIL 08/06/1999 CE: PWL

ClaimantSSN: 123-45-6789 Claimant(Last,First,MI): ROOSCH JAMES M

Claims Employee Claimants Conditions Work Dates/Status/Loc Notes Billpay Comp **Transfer** Contacts

**TRANSFER CASE**

FROM: 01 SEATTLE TO: 02 CLEVELAND EFFECTIVE: 01/01/2001

Only the Case Transfer Agent has access to the Case Menu-Transfer Case option that displays this screen and enables transfer. When transfer is complete, the system will have:

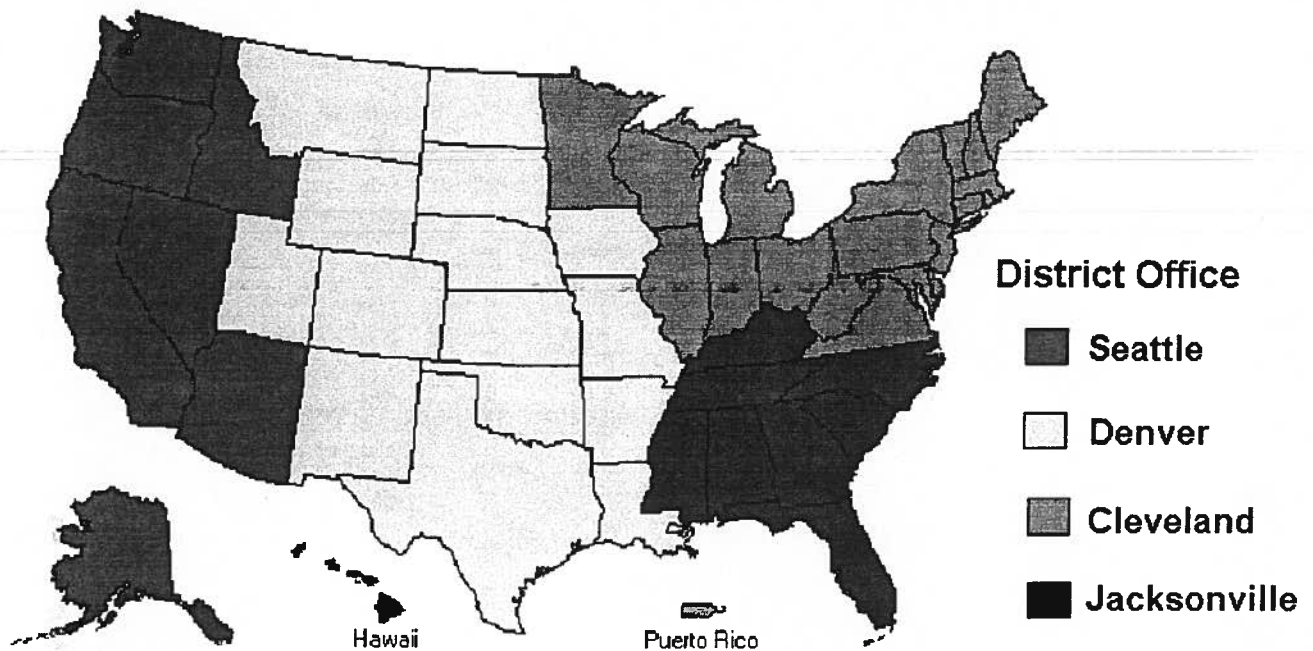
- \*changed the LOC code to "X" + the 2-digit code for the receiving DO, e.g., X02.
- \*moved the current assigned CE to history and cleared the current CE ID and assignmt date
- \*updated the Owning DO Code to the receiving office.

TRANSFERRING A CASE results in the sending DO having read-only privilege and the receiving DO having update privilege.

OK

## DOL Program Jurisdictions

The Energy Program has 4 District Offices. They are: Seattle, Denver, Cleveland, and Jacksonville. The states they cover are indicated below by the different shadings.



### Seattle:

Alaska  
Arizona  
California  
Hawaii  
Idaho  
Marshall Islands  
Nevada  
Oregon  
Washington

### Denver

Arkansas  
Colorado  
Iowa  
Kansas  
Louisiana  
Missouri  
Montana  
Nebraska  
New Mexico  
North Dakota  
Oklahoma  
South Dakota  
Texas  
Utah  
Wyoming

### Cleveland

Connecticut  
Delaware  
District of Columbia  
Illinois  
Indiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
New Hampshire  
New Jersey  
New York  
Ohio  
Pennsylvania  
Puerto Rico  
Rhode Island  
Vermont  
Virgin Islands  
Virginia  
West Virginia  
Wisconsin

### Jacksonville

Alabama  
Florida  
Georgia  
Kentucky  
Mississippi  
North Carolina  
South Carolina  
Tennessee

## DOE Covered Facility List

### Introduction to the Covered Facility List

The list that follows covers the three categories of employers defined by the Act: atomic weapons employers (“AWE”), Department of Energy facilities (“DOE”), and beryllium vendors (“BE”).

Each of the categories has been defined in the original notice and include:

1. *Atomic Weapons Employers* The lines between research, atomic weapons production, and non-weapons production are often difficult to draw. For the purposes of this notice, and as directed by the Act, only those facilities whose work involved radioactive material that was connected to the weapons production chain are included. This includes facilities that received radioactive material that had been used in the production of an atomic weapon, or the “back end” of the production cycle, such as waste handling or reprocessing operations. For the purposes of this listing, the Department considers commercial nuclear fuel fabricators to be covered facilities for those periods when they either supplied radioactive materials to the Department or received radioactive materials that had been used in the Department’s production reactors. Corporate information regarding many of the listed facilities is often not readily available. The Department welcomes comments or additional information regarding facilities that may have supported atomic weapons production that are not on this list, as well as information that clarifies the work done at facilities named below.
2. *Department of Energy Facilities* The listing of Department of Energy facilities is only intended for the context of implementing this Act and does not create or imply any new Departmental obligations or ownership at any of the facilities named on this list.
3. *Beryllium Vendors* Section 3621(6) of the Act defines beryllium vendor as the following:
  - “(A) Atomics International.
  - (B) Brush Wellman, Incorporated, and its predecessor, Brush Beryllium Company.
  - (C) General Atomics.
  - (D) General Electric Company.
  - (E) NGK Metals Corporation and its predecessors, Kawecki-Berylco, Cabot Corporation, BerylCo, and Beryllium Corporation of America.
  - (F) Nuclear Materials and Equipment Corporation.
  - (G) StarMet Corporation, and its predecessor, Nuclear Metals, Incorporated.
  - (H) Wyman Gordan, Incorporated.
  - (I) Any other vendor, processor, or producer of beryllium or related products designated as a beryllium vendor for purposes of this title under Section 3622.”

Jurisdiction and facility name	Location	Facility type	State
AL—Southern Research Institute .....	Birmingham .....	AWE .....	Alabama
AL—Speedring, Inc. ....	Culman .....	BE .....	Alabama
AL—Tennessee Valley Authority .....	Muscle Shoals .....	AWE .....	Alabama
AK—Amchitka Island Nuclear Explosion Site .....	Amchitka Island .....	DOE .....	Alaska
AK—Project Chariot Site .....	Cape Thompson .....	DOE .....	Alaska
CA—Arthur D. Little Co. ....	San Francisco .....	AWE .....	California
CA—California Research Corp .....	Richmond .....	AWE .....	California
CA—Ceradyne, Inc. ....	Santa Ana .....	BE .....	California
CA—Dow Chemical Co .....	Walnut Creek .....	AWE .....	California
CA—Electro Circuits, Inc. ....	Pasadena .....	AWE .....	California
CA—Energy Technology Engineering Center (Atomics / Inter-national. Rocketdyne .....	Santa Susana (Canoga Park) .....	BE DOE .....	California
CA—General Atomics .....	La Jolla .....	AWE BE DOE .....	California
CA—General Electric Vallecitos .....	Pleasanton .....	AWE DOE .....	California
CA—Hunter Douglas Aluminum Corp .....	Riverside .....	AWE .....	California
CA—Laboratory for Energy-Related Health Research .....	Davis .....	DOE .....	California
CA—Laboratory of Biomedical and Environmental Sciences .....	Los Angeles .....	DOE .....	California
CA—Laboratory of Radiobiology and Environmental Health .....	San Francisco .....	DOE .....	California
CA—Lawrence Berkeley National Laboratory .....	Berkeley .....	DOE .....	California
CA—Lawrence Livermore National Laboratory .....	Livermore .....	DOE .....	California
CA—Sandia Laboratory, Salton Sea Base .....	Imperial County .....	DOE .....	California
CA—Sandia National Laboratories—Livermore .....	Livermore .....	DOE .....	California
CA—Stanford Linear Accelerator Center .....	Palo Alto .....	DOE .....	California
CA—Stauffer Metals, Inc. ....	Richmond .....	AWE .....	California
CA—University of California .....	Berkeley .....	AWE DOE .....	California
CO—Coors Porcelain .....	Golden .....	BE .....	Colorado
CO—Project Rio Blanco Nuclear Explosion Site .....	Rifle .....	DOE .....	Colorado
CO—Project Rulison Nuclear Explosion Site .....	Grand Valley .....	DOE .....	Colorado
CO—Rocky Flats Plant .....	Golden .....	DOE .....	Colorado
CO—Shattuck Chemical .....	Denver .....	AWE .....	Colorado
CO—University of Denver Research Institute .....	Denver .....	AWE BE .....	Colorado
CT—American Chain and Cable Co .....	Bridgeport .....	AWE .....	Connecticut
CT—Anaconda Co .....	Waterbury .....	AWE .....	Connecticut
CT—Bridgeport Brass Co, Havens Lab .....	Windsor .....	AWE DOE .....	Connecticut
CT—Connecticut Aircraft Nuclear Engine Laboratory (CANEL) .....	Middletown .....	BE DOE .....	Connecticut
CT—Dorr Corp .....	Stamford .....	AWE .....	Connecticut
CT—New England Lime Co .....	Canaan .....	AWE .....	Connecticut
CT—Sperry Products, Inc. ....	Danbury .....	AWE .....	Connecticut
DE—Allied Chemical and Dye Corp .....	North Claymont .....	AWE .....	Delaware
DC—National Bureau of Standards, Van Ness Street .....	Washington .....	AWE .....	District of Columbia
DC—Naval Research Laboratory .....	Washington .....	AWE DOE .....	District of Columbia
FL—American Beryllium Co .....	Sarasota .....	BE .....	Florida
FL—Armour Fertilizer Works .....	Bartow .....	AWE .....	Florida
FL—Gardiner, Inc. ....	Tampa .....	AWE .....	Florida
FL—International Minerals and Chemical Corp .....	Mulberry .....	AWE .....	Florida
FL—Pinellas Plant .....	Clearwater .....	DOE .....	Florida
FL—University of Florida .....	Gainesville .....	AWE .....	Florida
FL—Virginia-Carolina Chemical Corp .....	Nichols .....	AWE .....	Florida
FL—W.R. Grace Co, Agricultural Chemical Div .....	Ridgewood .....	AWE .....	Florida
ID—Argonne National Laboratory—West .....	Scoville .....	DOE .....	Idaho
ID—Idaho National Engineering Laboratory .....	Scoville .....	DOE .....	Idaho
IL—Allied Chemical Corp Plant .....	Metropolis .....	AWE .....	Illinois
IL—American Machine and Metals, Inc. ....	E. Moline .....	AWE .....	Illinois
IL—Argonne National Laboratory—East .....	Argonne .....	DOE .....	Illinois
IL—Armour Research Foundation .....	Chicago .....	AWE .....	Illinois
IL—Blockson Chemical Co .....	Joliet .....	AWE .....	Illinois
IL—C-B Tool Products Co .....	Chicago .....	AWE .....	Illinois
IL—Crane Co .....	Chicago .....	AWE .....	Illinois
IL—ERA Tool and Engineering Co .....	Chicago .....	AWE .....	Illinois
IL—Fansteel Metallurgical Corp .....	North Chicago .....	BE .....	Illinois
IL—Fermi National Accelerator Laboratory .....	Batavia .....	DOE .....	Illinois
IL—Granite City Steel .....	Granite City .....	AWE DOE .....	Illinois
IL—Great Lakes Carbon Corp .....	Chicago .....	AWE .....	Illinois
IL—GSA 39th Street Warehouse .....	Chicago .....	AWE .....	Illinois
IL—International Register .....	Chicago .....	AWE .....	Illinois
IL—Kaiser Aluminum Corp .....	Dalton .....	AWE .....	Illinois



MO—St. Louis Airport Storage Site (SLAPS)	St. Louis	AWE DOE	Missouri
MO—Tyson Valley Powder Farm	St. Louis	AWE	Missouri
MO—United Nuclear Corp	Hematite	AWE	Missouri
MO—Weldon Spring Plant	Weldon Spring	DOE	Missouri
NE—Hallam Sodium Graphite Reactor	Hallam	DOE	Nebraska
NV—Nevada Test Site	Mercury	DOE	Nevada
NV—Project Faultless Nuclear Explosion Site	Central Nevada Test Site	DOE	Nevada
NV—Project Shoal Nuclear Explosion Site	Fallon	DOE	Nevada
NV—Yucca Mountain Site Characterization Project	Yucca Mountain	DOE	Nevada
NJ—Aluminum Co of America (Alcoa)	Garwood	AWE	New Jersey
NJ—American Peddinghaus Corp	Moonachie	AWE	New Jersey
NJ—Baker and Williams Co	Newark	AWE	New Jersey
NJ—Bell Telephone Laboratories	Murray Hill	AWE	New Jersey
NJ—Bloomfield Tool Co	Bloomfield	AWE	New Jersey
NJ—Bowen Laboratory	North Branch	AWE	New Jersey
NJ—Callite Tungsten Co	Union City	AWE	New Jersey
NJ—Chemical Construction Co	Linden	AWE	New Jersey
NJ—J.T. Baker Chemical Co	Phillipsburg	AWE	New Jersey
NJ—Kellex/Pierpont	Jersey City	AWE DOE	New Jersey
NJ—Maywood Chemical Works	Maywood	AWE DOE	New Jersey
NJ—Middlesex Municipal Landfill	Middlesex	AWE DOE	New Jersey
NJ—Middlesex Sampling Plant	Middlesex	DOE	New Jersey
NJ—National Beryllia	Haskell	BE	New Jersey
NJ—New Brunswick Laboratory	New Brunswick	DOE	New Jersey
NJ—Picatinny Arsenal	Dover	AWE	New Jersey
NJ—Princeton Plasma Physics Laboratory	Princeton	DOE	New Jersey
NJ—Rare Earths/ W.R. Grace	Wayne	AWE DOE	New Jersey
NJ—Standard Oil Development Co of NJ	Linden	AWE	New Jersey
NJ—Tube Reducing Co	Wallington	AWE	New Jersey
NJ—U.S. Pipe and Foundry	Burlington	BE	New Jersey
NJ—United Lead Co	Middlesex	AWE	New Jersey
NJ—Vitro Corp of America	West Orange	AWE	New Jersey
NJ—Westinghouse Electric Corp	Bloomfield	AWE	New Jersey
NJ—Wykoff Steel Co	Newark	AWE	New Jersey
NM—Chupadera Mesa	Chupadera Mesa	DOE	New Mexico
NM—Los Alamos Medical Center	Los Alamos	DOE	New Mexico
NM—Los Alamos National Laboratory	Los Alamos	DOE	New Mexico
NM—Lovelace Respiratory Research Institute	Albuquerque	DOE	New Mexico
NM—Project Gasbuggy Nuclear Explosion Site	Farmington	DOE	New Mexico
NM—Project Gnome Nuclear Explosion Site	Carlsbad	DOE	New Mexico
NM—Sandia National Laboratories	Albuquerque	DOE	New Mexico
NM—South Albuquerque Works	Albuquerque	DOE	New Mexico
NM—Trinity Nuclear Explosion Site	White Sands Missile Range	DOE	New Mexico
NM—Waste Isolation Pilot Plant	Carlsbad	DOE	New Mexico
NY—Allegheny-Ludlum Steel	Watervliet	AWE	New York
NY—American Machine and Foundry	Brooklyn	AWE	New York
NY—Ashland Oil	Tonawanda	AWE DOE	New York
NY—Baker and Williams Warehouses	New York	AWE DOE	New York
NY—Bethlehem Steel	Lackawana	AWE	New York
NY—Bliss & Laughlin Steel	Buffalo	AWE DOE	New York
NY—Brookhaven National Laboratory	Upton	DOE	New York
NY—Burns & Roe, Inc.	Maspeth	BE	New York
NY—Colonie Site (National Lead)	Colonie (Albany)	AWE DOE	New York
NY—Columbia University	New York City	AWE DOE	New York
NY—Crucible Steel Co	Syracuse	AWE	New York
NY—Electro Metallurgical	Niagara Falls	AWE	New York
NY—General Astrometals	Yonkers	BE	New York
NY—Hooker Electrochemical	Niagara Falls	AWE	New York
NY—International Rare Metals Refinery, Inc.	Mt. Kisco	AWE	New York
NY—Ithaca Gun Co	Ithaca	AWE	New York
NY—Lake Ontario Ordnance Works	Niagara Falls	DOE	New York
NY—Ledoux and Co	New York	AWE	New York
NY—Linde Air Products	Buffalo	AWE	New York
NY—Linde Ceramics Plant	Tonawanda	AWE DOE	New York
NY—New York University	New York	AWE	New York
NY—Peek Street Facility 1	Schenectady	DOE	New York
NY—Radium Chemical Co	New York	AWE	New York
NY—Rensselaer Polytechnic Institute	Troy	AWE	New York
NY—Sacandaga Facility 1	Glenville	DOE	New York

PA—Nuclear Materials and Equipment Corp. (NUMEC)	Parks Township	AWE	Pennsylvania
PA—Penn Salt Co	Philadelphia/Wyndmoor	AWE	Pennsylvania
PA—Philadelphia Naval Yard	Philadelphia	AWE	Pennsylvania
PA—Shippingport Atomic Power Plant	Shippingport	DOE	Pennsylvania
PA—Superior Steel Co.	Carnegie	AWE	Pennsylvania
PA—U.S. Steel Co, National Tube Division	McKeesport	AWE	Pennsylvania
PA—Vitro Manufacturing	Canonsburg	AWE BE	Pennsylvania
PA—Westinghouse Atomic Power Development Plant	East Pittsburgh	AWE	Pennsylvania
PR—BONUS Reactor Plant	Punta Higuera	DOE	Puerto Rico
PR—Puerto Rico Nuclear Center	Mayaguez	DOE	Puerto Rico
RI—C.I. Hayes, Inc.	Cranston	AWE	Rhode Island
SC—Savannah River Site	Aiken	DOE	South Carolina
TN—Clarksville Facility	Clarksville	DOE	Tennessee
TN—Oak Ridge Gaseous Diffusion Plant (K-25)	Oak Ridge	DOE	Tennessee
TN—Oak Ridge Hospital	Oak Ridge	DOE	Tennessee
TN—Oak Ridge Institute for Science Education	Oak Ridge	DOE	Tennessee
TN—Oak Ridge National Laboratory (X-10)	Oak Ridge	DOE	Tennessee
TN—Vitro Corp. of America	Chattanooga	AWE BE	Tennessee
TN—W. R. Grace	Erwin	AWE	Tennessee
TN—Y-12 Plant	Oak Ridge	DOE	Tennessee
TX—AMCOT	Fort Worth	AWE	Texas
TX—Mathieson Chemical Co.	Pasadena	AWE	Texas
TX—Medina Facility	San Antonio	DOE	Texas
TX—Pantex Plant	Amarillo	DOE	Texas
TX—Sutton, Steele and Steele Co.	Dallas	AWE	Texas
TX—Texas City Chemicals, Inc.	Texas City	AWE	Texas
VA—Babcock & Wilcox Co.	Lynchburg	AWE	Virginia
VA—Thomas Jefferson National Accelerator Facility	Newport News	DOE	Virginia
VA—University of Virginia	Charlottesville	AWE	Virginia
WA—Hanford	Richland	DOE	Washington
WA—Pacific Northwest National Laboratory	Richland	DOE	Washington
WV—Huntington Pilot Plant	Huntington	AWE DOE	West Virginia
WI—Allis-Chalmers Co.	West Allis, Milwaukee	AWE	Wisconsin
WI—Besley-Wells	South Beloit	AWE	Wisconsin
WI—LaCrosse Boiling Water Reactor	LaCrosse	DOE	Wisconsin
WI—Ladish Co.	Cudahy	BE	Wisconsin
MR—Pacific Proving Ground	Marshall Islands	DOE	Marshall Islands

Consistent with the Act, coverage is limited to activities not performed under the responsibility of the Naval Nuclear Propulsion program.

<sup>2</sup> Pacific Proving Ground includes Bikini Atoll, Eniwetok Atoll, Johnston (nuclear weapons testing activities only), and Christmas Island (U.S. nuclear weapons testing activities only).

The following are links so you may check the web site for updates.


<http://tis.eh.doe.gov/advocacy/faclist/findfacility.cfm>

You can also reach it through:

<http://www.dol.gov/>

<http://tis.eh.doe.gov/advocacy/laws/20010611list.pdf>





[Home](#)[What's Hot](#)[Laws & Orders](#)[Program Status](#)[Related Sites](#)[Advocacy Info](#)[Fact Sheets](#)[Public Meetings](#)[Archive](#)[Contact Info](#)

DOE Office of Worker Advocacy · DOE Office of Worker Advocacy · DOE Office of Worker Advocacy

### Find Facilities

The Department has created the Facility List Database to provide public access to summaries of information collected on the facilities listed in the Federal Register. The summary for each facility includes the following information:

- Facility Name
- Also Known As
- State
- Location
- Time Period
- Facility Type (Atomic Weapons Employer/Beryllium Vendor/Department of Energy)
- Facility Description

The information in the database can be accessed in four different ways:

**View Facilities by Facility Name**  
Display the record for a specific facility.

AC Spark Plug

[View this facility](#)

**View Facilities by State or Location**  
Display records for each listed facility in the selected state or location.

Alabama

[View facilities in this state](#)

**View Facilities by Keyword**  
Search the complete database using a keyword or keywords. For example, entering the word "thorium" would display records that include the word "thorium" in the facility description. The feature is particularly useful for locating company information across fields. For example a search of "Westinghouse" will not only pull up the two Westinghouse facilities on the list, but will also pull up Idaho National Engineering Laboratory, the Kansas City Plant, the Feed Materials Production Center and Hanford because of its contractual roles at each of those facilities.

[Find this keyword](#)

**View All Facilities**  
Display records for each listed facility, in alphabetical order by facility name. This option returns a very large list, so you may wish to try the other search options first.

[View all facilities](#)

**13 - Lawrence Berkeley National Laboratory****Also Known As:** Radiation Laboratory**Also Known As:** LBL**Also Known As:** Lawrence Radiation Laboratory**State:** California **Location:** Berkeley**Time Period:** 1939-present**Facility Type:** Department of Energy

**Facility Description:** Since the early 1930s, the University of California has leased the Lawrence Berkeley National Laboratory to the Department of Energy for a wide range of energy-related research activities, including research in nuclear and high-energy physics, accelerator research and development, materials research, and chemistry, geology, molecular biology, and biomedical research. Scientists at Berkeley developed the electromagnetic enrichment process that was installed and operated at the Y-12 plant in Oak Ridge from 1943-1947.

**14 - Lawrence Livermore National Laboratory****Also Known As:** California Radiation Laboratory**State:** California **Location:** Livermore**Time Period:** 1950-present**Facility Type:** Department of Energy

**Facility Description:** The Atomic Energy Commission established the Lawrence Livermore National Laboratory as a facility for nuclear weapons research. The Department of Energy (DOE) owns the Lawrence Livermore National Laboratory Main Site and Site 300; DOE and the University of California jointly operate the sites. The Main Site was initially used as a flight training base and an engine overhaul facility. Transition from naval operations to scientific research began in 1950, when the Atomic Energy Commission (AEC) authorized construction of a materials-testing accelerator site. The AEC established the University of California Radiation Laboratory, Livermore Site (the predecessor of the Lawrence Livermore National Laboratory) as a facility for nuclear weapons research. The Department of Energy purchased Lawrence Livermore National Laboratory's Site 300 from local ranchers in the 1950s for use as a remote high-explosives testing facility.

## Nevada

**2 – Project Faultless Nuclear Explosion Site****State:** Nevada **Location:** Central Nevada Test Site**Time Period:** 1967-1974**Facility Type:** Department of Energy

**Facility Description:** Project Faultless was an underground nuclear test explosion conducted at the Central Nevada Test Site, which was part of a program designed to improve the United States' ability to detect, identify, and locate underground nuclear explosions. The Faultless test was conducted to determine the suitability of the area for additional seismic testing. Non-nuclear experiments designed to determine the behavior of seismic waves were also conducted in the vicinity.

Drilling for this project began July 1967; the operation period began on November 27, 1967. The shot was fired on January 19, 1968. On December 9, 1979, the site was placed in caretaker status and demobilization and restoration work was conducted during fiscal 1974.

**3 – Project Shoal Nuclear Explosion Site****State:** Nevada **Location:** Fallon**Time Period:** 1962-1964**Facility Type:** Department of Energy

**Facility Description:** Project Shoal was an underground nuclear test explosion which was part of a program designed to improve the United States' ability to detect, identify, and locate underground nuclear explosions. The Shoal test was conducted to determine the behavior and characteristics of seismic signals generated by nuclear explosions in specific geological formations and to differentiate them from seismic signals generated by earthquakes.

Construction for this shot began in late 1962. The shot was fired on October 10, 1963. Post-shot drilling began October 28, 1963; drilling and sampling of one vertical bore hole was completed on December 20, 1963. Reopening and sampling the USBM#1 bore hole was completed on January 15, 1964. Site deactivation of the Shoal Project began on October 28, 1963 and rollup was completed by January 31, 1964.

(uranium tetrafluoride). The facility later conducted research and development with uranium (1949-1953) and extruded thorium billets into slugs which were placed in Hanford production reactors (1952-1953).

The Brush Cleveland facility also produced beryllium metal and beryllium oxide for the MED (1943-1946) and later for the AEC (1947-1965?).

### **13 – Clifton Products Co.**

**State:** Ohio **Location:** Painesville

**Time Period:** 1940-1952

**Facility Type:** Beryllium Vendor

**Facility Description:** In the 1940's, Clifton had at least six large contracts with the AEC to supply beryllium products. By 1949, at least 8 beryllium-related deaths had occurred at Clifton.

### **31 - Portsmouth Gaseous Diffusion Plant**

**State:** Ohio **Location:** Piketon

**Time Period:** 1954-1993

**Facility Type:** Department of Energy

**Facility Description:** The U.S. began construction of Portsmouth in 1952 in order to expand the nation's gaseous diffusion program. The gaseous diffusion plants already operating in Oak Ridge, TN and Paducah, KY were not able to fulfill the nation's need for highly enriched and low-enriched uranium. Portsmouth was used for isotope separation. Beginning in 1954, Portsmouth produced highly enriched uranium (which contains more than 20 percent uranium-235) to support nuclear weapons production and, later, for use by submarine, research, and test reactors. The high-enrichment portion of the diffusion cascade was shut down in 1991. In 1954, the plant also began producing low-enriched uranium (which contains about three percent uranium-235 and ninety-seven percent uranium-238) for use as fuel by commercial nuclear power plants. In the early 1980's, a gas centrifuge uranium enrichment program was initiated at Portsmouth, however, this process was never fully implemented.

Only July 1, 1993, the U.S. Enrichment Corporation (USEC), a government-owned corporation formed under the Energy Policy Act of 1992, assumed control of the plant's production activities. Under USEC control, the plant continues to produce low-enriched uranium for commercial use. The Department of Energy maintains responsibility for addressing the environmental legacy left by historic plant operations.

**CONTRACTORS:** Lockheed Martin Energy Systems, Inc. (1986-1998); Goodyear Atomic Corporation (1956-1986)

**CONTRACTORS:** University of Chicago (1943-1945); Monsanto Chemical (1945-1947); Union Carbide and Carbon Corp. (1948-1984); Martin Marietta Energy Systems (1984-1994); Lockheed Martin Energy Research Corp. (1994-1998); UT Battelle (2000-present)

### **6 – Vitro Corporation of America (Tennessee)**

**Also Known As:** Chattanooga site now owned by W.R. Grace

**Also Known As:** Vitro Chemical is subsidiary of Vitro Corp.

**Also Known As:** Heavy Minerals Co.

**State:** Tennessee **Location:** Chattanooga

**Time Period:** AWE 1957-uncertain; BE uncertain

**Facility Type:** Atomic Weapons Employer, Beryllium Vendor

**Facility Description:** Records indicate that "Vitro Corporation" of Chattanooga, TN performed some beryllium work for Y-12. A 1962 document also mentions that the AEC met with members of the beryllium industry, including representatives from "Vitro Chemical" (no address), but does not mention whether any contracts were involved in these discussions.

The original owner of this site was Heavy Metals Inc. and possessed an AEC license to process uranium and thorium products beginning as early as 1957. Documentation indicates that the company provided price quotes to the AEC for thorium products as early as 1954, but there is no indication that it received a contract for that work. Vitro Chemical of Chattanooga, TN, a subsidiary of Vitro Corporation, took over the site at the end of 1959 and was under contract to the AEC to produce thorium metal, thorium fluoride and thorium oxide. This site is now owned by W.R. Grace.

### **17 - Y-12 Plant**

**State:** Tennessee **Location:** Oak Ridge

**Time Period:** 1942-present

**Facility Type:** Department of Energy

**Facility Description:** Built in a rural section of East Tennessee, the Y-12 National Security Complex, previously known as the Oak Ridge Y-12 Plant, was part of the Manhattan Project. Its job was to process uranium for the first atomic bomb. Construction of Y-12 started in February 1943; enriched uranium production started in November of the same year. Construction, however, was not entirely finished until 1945. The first site mission was the separation of uranium-235 from natural uranium by the electromagnetic separation process. The magnetic separators were taken out of commission at the end of 1946 when gaseous diffusion became the accepted process for enriching uranium.

Since World War II, the number of buildings at Y-12 has doubled. Its missions have included uranium enrichment, lithium enrichment, isotope separation and component fabrication. For more than 50 years, Y-12 has been one of the DOE weapons complex's premier manufacturing facilities. Every weapon in the stockpile has some components manufactured at the Y-12 National Security Complex.

The following pages show the Department of Labor/OWCP forms for the Energy Program.

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs



OMB No.:  
Expires:

1. Name (Last, First, Middle Initial)

1. Name (Last, First, Middle Initial)	2. Social Security Number <div style="border-bottom: 1px solid black; width: 100px; display: flex; justify-content: space-between;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Address (Street, Apt #, P.O. Box)	5. Date of Birth <div style="border-bottom: 1px solid black; width: 100px; display: flex; justify-content: space-between;"> <span></span><span></span><span></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span><span>Day</span><span>Year</span> </div>	6. Telephone Number <div style="border-bottom: 1px solid black; width: 100px; display: flex; justify-content: space-between;"> <span>(    )</span><span>-</span> </div>
(City, State, ZIP Code)	7. Dependents <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	

## 8. Identify Diagnosed Condition(s) Being Claimed

8. Identify Diagnosed Condition(s) Being Claimed		9. Date of Diagnosis			FOR DOL USE ONLY	
		Month	Day	Year		
<input type="checkbox"/> Cancer	Specify Type					
<input type="checkbox"/> Beryllium Sensitivity						
<input type="checkbox"/> Chronic Beryllium Disease						
<input type="checkbox"/> Chronic Silicosis						
<input type="checkbox"/> Other Lung Condition	Specify Type					
<input type="checkbox"/> Renal Disease	Specify Type					

10. Identify location or type of employment (Mark any that apply):

<p><input type="checkbox"/> <b>Department of Energy Facility</b> This is defined as any building, structure or premise in which the activities of federal employees, contractors or subcontractors have been conducted by or on behalf of the Department of Energy.</p> <p><input type="checkbox"/> <b>Atomic Weapons Facility</b> This is defined as a privately-owned facility in which radioactive material has been processed for use by the United States in the manufacture of atomic weapons. (Excludes mining, milling, or transporting uranium ore.)</p>	<p><input type="checkbox"/> <b>Beryllium Vendor</b> This is defined as any privately operated entity engaged in producing or processing beryllium for sale or use by the Department of Energy.</p> <p><input type="checkbox"/> <b>Uranium Worker</b> This is defined as employment activity associated with the mining, milling or transportation of uranium ore for use in the manufacture of atomic weapons.</p>
---	--

11. Prior to February 1, 1992, did you work at a gaseous diffusion plant in Paducah, Kentucky; Portsmouth, Ohio; or Oak Ridge, Tennessee?

☐ YES If yes, which site(s) \_\_\_\_\_ ☐ NO

12. Prior to January 7, 1974, did you work at the Long Shot, Milrow, or Cannikin underground nuclear tests on Amchitka Island, Alaska?

☐ YES If yes, which site(s) \_\_\_\_\_ ☐ NO

13. Are you a member of a group added to the Special Exposure Cohort by the Department of Health and Human Services?

☐ YES List group designation \_\_\_\_\_ ☐ NO ☐ DON'T KNOW

14. Have you received an award letter under the Radiation Exposure Compensation Act?

☐ YES If yes, submit a copy of your award letter ☐ NO

15. Have you filed a civil lawsuit regarding your claimed condition(s)?

☐ YES If yes, submit a copy of your award letter ☐ NO ☐ YES If yes, submit a copy of court documentation ☐ NO

16. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under the EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

I hereby make a claim for benefits under the Energy Employees Occupational Illness Compensation Program Act and affirm that the information I have provided on this form is true. Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Programs.

Claimant Signature

Date \_\_\_\_\_

OMB No.:  
Expires:



**Employment History for Claim Under  
Energy Employees Occupational Illness  
Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers Compensation Programs



Disclosure of social security number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled. **DO NOT FILL IN SHADED AREAS**

OMB No.:  
Expires:

**EMPLOYEE INFORMATION**

Print Name

Social Security Number

Last First M.I.

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Former Name (i.e. maiden name/legal name change/other)

Employee Number(if known)

Last First M.I.

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

In the following section, list the complete employment history of the employee named above in chronological order. Begin with the most recent period of employment. If you require additional space to explain or clarify any point, attach a supplemental statement to this form.

**EMPLOYER 1**

Dates of Employment

Start Date / /

End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?

☐

YES

Dosimetry Badge Number

\_\_\_\_\_

☐

NO

**EMPLOYER 2**

Dates of Employment

Start Date / /

End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?

☐

YES

Dosimetry Badge Number

\_\_\_\_\_

☐

NO

## INSTRUCTIONS FOR COMPLETING FORM EE-3

This form is used to gather information regarding an Energy employees work history. If additional space is required, attach a supplemental statement to this form. **YOU MAY USE AS MANY COPIES OF THE EE-3 FORM AS NECESSARY IN ORDER TO PROVIDE A COMPLETE EMPLOYMENT HISTORY FOR THE EMPLOYEE.**

### Dates of Employment

Beginning with the most recent period of employment and working backward, list the the period of employment for each job held.

### Employer (Name/Address/Location where work was performed)

Identify the name, address or any other type of descriptive information regarding the employer for each period claimed. Contractor and subcontractors should list the name of the company that held contract with the United States government. In addition, identify the location where employment activities were conducted. This can include the name of the facility, site, laboratory, building, mine etc.

### Position Title & Description of Work Performed

Identify the job title and the type of work activities performed during the listed period of employment.

### Describe All Factors(s) Believed to have Contributed to the Development of the Claimed Illness.

Provide a brief statement explaining the date and circumstance of all factors believed to have contributed to the claimed illness.

### Was a Dosimetry Badge Worn While Employed?

Indicate whether or not the employer required a dosimetry badge to be worn. If yes, provide the dosimetry badge identification number.

## PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (P.L. 106-398) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for, and the amount of, benefits payable under the EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under the EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue salary/administrative offset and debt collections actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the EEOICPA.

## PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, sent them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

**Employment History Affidavit for Claim  
Under the Energy Employees Occupational  
Illness Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers Compensation Programs



Note: This form is used to affirm the employment history of a living or deceased individual who incurred a designated illness as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors, and subcontractors. PROVIDE RESPONSE IN SHADED AREAS. Disclosure of a social security number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled.

OMB No.:

Expires:

**1. NAME OF THE PERSON COMPLETING AFFIDAVIT:**

a.) Print Full Name

b.) Street Address

c.) City, State, Zip Code

**2. AFFIRMING THE EMPLOYMENT HISTORY OF THE FOLLOWING PERSON:**

a.) Print Full Name

b.) Maiden/Former Name

c.) Social Security Number  
(Optional)

**3. RELATIONSHIP BETWEEN THE TWO INDIVIDUALS NAMED ABOVE:**

☐ Spouse

☐ Son/Daughter

☐ Parent

☐ Grandparent

☐ Friend

☐ Work Associate

☐ Other

**4. EMPLOYMENT HISTORY OF THE PERSON NAMED IN ITEM 2a:**

In chronological order, starting with the most recent period of employment, describe your knowledge of the employment history of the person named in item 2a. Provide as much identifying information as possible concerning the name and location of the employer.

**EMPLOYER 1**

Dates of Employment

Start Date

/ /

End Date

/ /

Employer name and  
work site location

Describe the type of  
work performed

Explain how you know the  
person named in 2a worked for  
this employer

## FORM EE-4

This form is used to affirm the employment history of a living or deceased energy employee. It may be completed by anyone who has knowledge of the employment activities of an energy employee. Use as many EE-4 forms as needed. If you require additional space to provide comments, attach a signed supplemental statement.

### PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (P.L. 106-398) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for, and the amount of, benefits payable under the EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under the EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue salary/administrative offset and debt collections actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the EEOICPA.

### PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, sent them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs.

**Department of Energy's Response to  
Employment History for Claim Under  
the Energy Employees Occupational  
Illness Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers Compensation Programs



This form is to be used by the Department of Energy to verify the employment history of an individual named in a claim for compensation under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The completed form along with any attachments should be submitted to the appropriate District Office of Workers' Compensation.

**INDIVIDUAL NAMED AS ENERGY EMPLOYEE**

Social Security Number

Date of Birth

/ /

Name

Maiden/Former Name

Street/P.O. Box/Apt No.

City/State/Zip Code

**EMPLOYMENT VERIFICATION BY DEPARTMENT OF ENERGY**

The above individual has been named as an employee of the Department of Energy, its predecessor agencies or certain of its vendors, contractors or subcontractors. In order to proceed with the adjudication of the claim under the EEOICPA, the Department of Energy needs to review the employment history of the named individual and respond to the following:

- ☐ The employment history is accurate and complete.
- ☐ The employment history is accurate, but the Department of Energy has additional employment information that is relevant to the claim. (Attach a statement summarizing the new information and any pertinent documentation)
- ☐ The employment history contains information that is not accurate. (Attach a statement explaining the Department of Energy's position and any pertinent documentation)
- ☐ The Department of Energy has no employment information regarding this individual.

**DEPARTMENT OF ENERGY REPRESENTATIVE SIGNATURE**

Print Name

Agency Address

Telephone

Signature

Date

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**Medical Requirements under the Energy Employees  
Occupational Illness Compensation Program Act (EEOICPA)**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs



OMB No.:  
Expires:

The information in this document is intended to inform an employee, survivor or physician of the medical evidence necessary to establish a diagnosis of the following conditions under the EEOICPA: **Beryllium Sensitivity, Chronic Beryllium Disease, Chronic Silicosis and Cancer**. Medical evidence may include narrative reports, physician notes, diagnostic test results, imaging studies, laboratory work-ups, pathology reports, operative reports, pulmonary function assessments, autopsy evaluations, death certificates, etc. The completed medical report package should be submitted to the appropriate District Office. Decisions regarding coverage under the EEOICPA are contingent on the submission of appropriate medical and factual evidence. This form provides information regarding medical requirements only. Maintain a copy of all documents for your records.

**GENERAL REQUIREMENTS**

***Any claim filed under the EEOICPA has to include a medical report(s) providing:***

- A history of the illness or condition
- A physical examination and its findings
- The clinical laboratory tests performed and discussion of the results
- A diagnosis (ICD-9 coded, if possible) and the date when it was first documented

**REQUIREMENTS FOR A DIAGNOSIS OF BERYLLIUM SENSITIVITY**

- Abnormal Beryllium Lymphocyte Proliferation Test (LPT) that has been performed on the blood or lung lavage cells

**REQUIREMENTS FOR A DIAGNOSIS OF CHRONIC BERYLLIUM DISEASE**

If the initial date of diagnosis was made **on or after January 1, 1993**, medical documentation must include an Abnormal Beryllium Lymphocyte Proliferation Test (LPT) and one or more of the following:

- Lung biopsy showing a process consistent with chronic beryllium disease
- A computerized axial tomography scan showing changes consistent with chronic beryllium disease
- A pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with chronic beryllium disease

If the initial date of diagnosis was made **before January 1, 1993**, medical documentation must include at least three or more of the following:

- Characteristic chest radiograph or computed tomography denoting abnormalities
- A restrictive or obstructive lung physiology test or diffusion lung capacity defect
- Lung pathology consistent with chronic beryllium disease
- Clinical course consistent with chronic respiratory disease disorder
- Immunologic tests showing beryllium sensitivity (skin patch test or beryllium test)

**REQUIREMENTS FOR A DIAGNOSIS OF CHRONIC SILICOSIS**

One or more of the following:

- A chest radiograph, interpreted by a National Institute for Occupational Safety and Health certified B reader, confirming the existence of pneumoconiosis with a 1/1 ILO category or higher
- Results from a computer-assisted tomograph or other imaging technique consistent with silicosis
- A lung biopsy consistent with silicosis

**REQUIREMENTS FOR A DIAGNOSIS OF CANCER**

- The pathology report(s) (e.g. tissue biopsy or blood test) that forms the basis for the diagnosis of cancer and identifies the malignant neoplasm present
- A narrative report that addresses whether there are metastases present and the affected anatomic sites, as well as the presence of any cancer-related syndromes or other complications

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs.

**DOSE RECONSTRUCTION CONSENT FORM**

United States Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs

Disclosure of a social security number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled. Complete all sections below..

OMB Clearance No.

**CLAIMANT INFORMATION****1. Claimant Name**

Last

First

M.I.

**3. Address**

Street/P.O. Box/Apt #

City

State

Zip Code

**2. EEOICPA File Number**

\_\_\_\_\_

**4. Social Security Number**

\_\_\_\_\_

**5. Telephone Number**

\_\_\_\_\_

**DOSE RECONSTRUCTION**

**6. Please attach to this form a copy of the dose reconstruction issued by the Department of Health and Human Services. If it has been more than one calendar year since the date of issuance, please provide an explanation for the delay in making your consent.**

**CONSENT TO CONTINUE ADJUDICATION**

**7. I understand that by signing this consent the Office of Workers' Compensation Programs will proceed with the adjudication of my compensation claim based on the figures listed on the attached dose reconstruction. Further, I understand that I can not raise any challenge or dispute regarding the dose reconstruction with the Office of Workers' Compensation Programs.**

Claimant Signature \_\_\_\_\_

Date of Consent \_\_\_\_\_

**Claim for Medical Reimbursement Under  
Energy Employees Occupational Illness  
Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers Compensation Programs



Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No.:  
Expires:

**PERSONAL INFORMATION**

Name

EEOICPA Case File Number

Last

First

M.I.

Address

Telephone Number

Street/P.O. Box/Apt No.

**FOR DOL USE ONLY**

City

State

Zip Code

**PROVIDER INFORMATION**

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate EE-915 must be filed for each provider)

Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)	Date of Service (MM, DD, YY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Total Reimbursement**  
\$

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered illness or disease. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain compensation under the EEOICPA is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

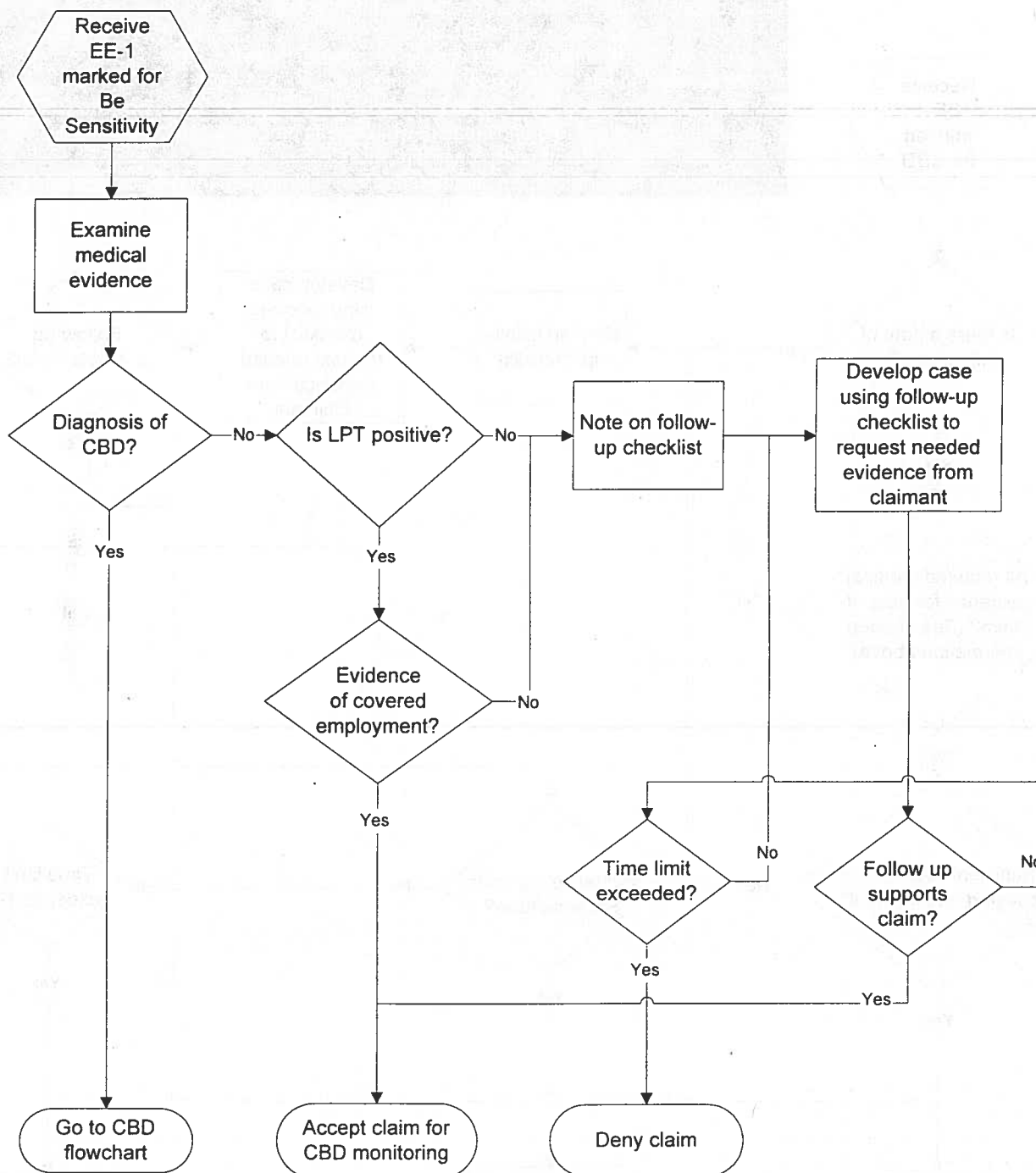
Signature

Date



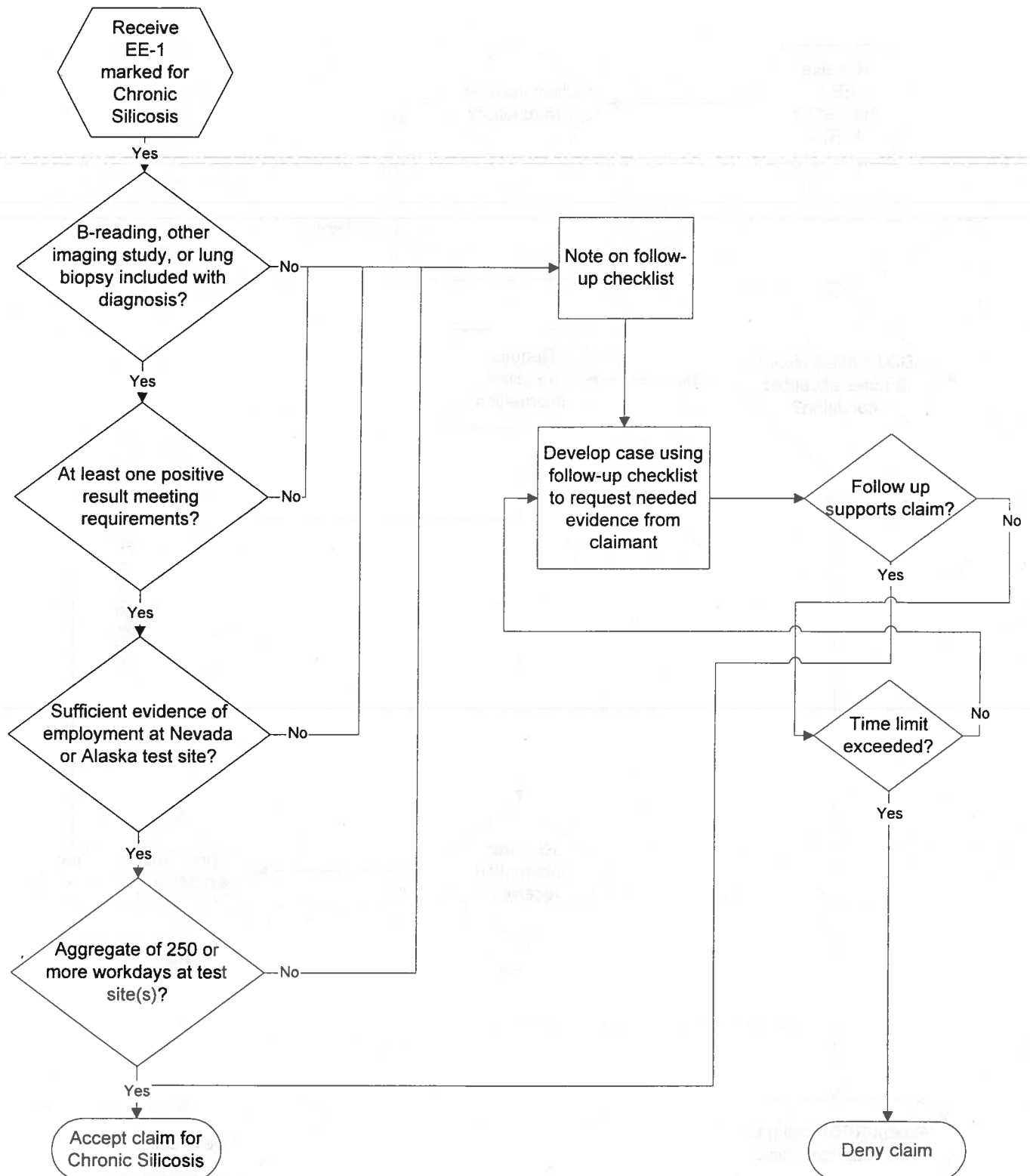
## Steps for Processing Beryllium Sensitivity Claims

(Process for claimant, NOT survivor. Survivor claims are similar, but must also prove relationship.)



## Steps for Processing Chronic Silicosis Claims

(Process for claimant, NOT survivor. Survivor claims are similar, but must also prove relationship.)



## Steps for Processing Non-SEC Cancer Claims

(Process for claimant, NOT survivor. Survivor claims are similar, but must also prove relationship.)

